EXHIBIT A

CAUSE NO. CC-22-01999-A

ANA VASQUEZ,	§	IN THE COUNTY COURT
PLAINTIFF,	§	
, and the second	§	
	§	
	§	
v.	§	AT LAW #1 _
	§	
TIMOTHY HILL, INDIVIDUALLY,	§	
XPO LOGISTICS EXPRESS, LLC	§	
DEFENDANTS.	§	DALLAS COUNTY, TEXAS

PLAINTIFF'S RESPONSE TO DEFENDANT REQUESTS FOR DISCLOSURE

TO: XPO Logistics Express, LLC, by and through her attorney of record, Mark Scudder, Quilling, Selander, Lownds, Winslett & Moser, P.C. 2001 Bryan St, Suite 1800, Dallas, TX 75201.

TO: Timothy Hill, LLC, 2518 Fox Harbour Drive, Indianapolis, IN 46227.

NOW COMES, Plaintiff's, Ana Vasquez, by and through her attorney of record, Jennifer Anne Kinder, serves these attached responses to Request for Disclosure propounded by Defendant, XPO Logistics Express, LLC pursuant to Rule 194.3 of the Texas Rules of Civil Procedure.

Respectfully submitted,

JENNIFER ANNE KINDER

3701 W. Northwest Highway Building 3, Suite #304 Dallas, Texas 75220 Tel. (214) 812-9800 Fax. (214) 484-2144

By:

Jennifer Anne Kinder Texas Bar No. 00787837 Jkinder@justcallkinder.net

ATTORNEY FOR PLAINTIFF

CERTIFICATE OF SERVICE

This is to certify that a true and correct copy of the foregoing Plaintiff's Responses to Defendant, XPO Logistics Express, LLC Request for Disclosure has been sent to all counsel of record and/or parties as listed below on this the 21st day of June 2022.

Jennifer Anne Kinder

Quilling, Selander, Lownds, Winslett & Moser, P.C Mark S. Scudder State Bar No. 17936300 2001 Bryan Street **Suite 1800** Dallas, TX 75201 Telephone:(214) 871-2100

Telecopier:(214)871-2111 Email: mscudder@qslwm.com

ATTORNEYS FOR DEFENDANT XPO LOGISTICS EXPRESS LLC

Timothy Hill 2518 Fox Harbour Drive Indianapolis, IN 46227 **DEFENDANT**

Responses to Requests for Disclosure

Rule 194.2(a) the correct names of the parties to the lawsuit;

Response: To the best of Plaintiffs' knowledge, the parties' names are stated

correctly.

Rule 194.2(b) the name, address, and telephone number of potential parties;

Response: None at this time, but Plaintiffs reserves the right to amend this response

in accordance with Texas Rule of Civil Procedure 193.5.

Rule 194.2(c): the legal theories and, in general, the factual bases of the responding party's

claims or defenses.

Response: On or about October 23, 2021, in Dallas County, Texas, Defendant's,

failed to act as persons of ordinary prudence and collided into the vehicle being operated by Plaintiff, Ana Vasquez. Due to Defendant's, actions

and/or omissions, they recklessly crashed into the Plaintiff.

Plaintiff incorporates and refers Defendant to all live pleadings on file

with this court.

Rule 194.2(d): the amount and any method of calculating economic damages;

Response: Plaintiff Ana Vasquez damages are calculated as follows herein below.

Actual medical expenses and lost wages incurred so far for Ana Vasquez are in an amount of approximately (will supplement) calculated below as

follows:

1.	Property Damage	\$5,944.51
2.	Advanced Dallas	\$67,601.99
3.	Advanced Diagnostics DBA Chopra Imaging	Will Supplement
4.	Ideal Pain and Injury	\$11,436.50
5.	2020 X-Ray Imaging	\$870.00
6.	Radiology Consultants	\$546.50
7.	Total	\$86,399.50

- a. Loss of use / a sum to be determined
- b. A sum of to be determined, but in excess of the minimum jurisdictional limits of this Court for all reasonable and necessary past medical and pharmaceutical expenses.

- c. A sum for future medical expenses and treatment in an amount to be determined at trial:
- d. Monetary damages for past physical pain and suffering and mental anguish in an amount to be established at trial;
- e. Monetary damages for future physical pain and suffering and mental anguish in an amount to be established at trial;
- g. Past and future physical impairment as determined by a jury;
- h. Past and future disfigurement;
- i. Lost wages;
- j. Loss of earning capacity;
- k. Loss of earning capacity that, in reasonable probability, Plaintiffs will sustain in the future;
- l. Costs of Court;
- m. Pre-Judgment interest on all damages awarded at the highest legal rate;
- n. Post-Judgment interest on all sums awarded herein at the highest legal rate until paid; and
- o. Such other and further relief to which Plaintiffs may be justly entitled at law or in equity, specific or general.

Plaintiffs reserve the right to supplement said damages as per the Texas Rules of Civil Procedure.

Rule 194.2(e):

the name, address and telephone number of persons having knowledge of relevant facts, and a brief statement of each person's connection with the case:

Response:

1. Ana Vasquez c/o Jennifer Anne Kinder 3701 W. Northwest Highway **Suite #304** Dallas, Texas 75220 (214) 812-9800

jkinder@justcallkinder.net

Plaintiff and Plaintiff's Counsel. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.

2. XPO Logistics Express LLC

c/o Mark S. Scudder State Bar No. 24101776

Quilling, Selander, Lownds, Winslett & Moser P.C.

2001 Bryan Street

Suite # 1800

Dallas, Texas 75201 Tel: 214-871-2100 Fax: 214-871-2111

Email: mscudder@qslwm.com

Defendant and Defendant's Counsel. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.

3. Timothy Hill 2518 Harbour Drive Indianapolis, IN 46227

Defendant. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.

4. Officer Joshua Jackson # 145 c/o Coppell Police Department 130 Town Center Blvd Coppell, Texas 75019

Knowledge of the circumstances surrounding the events made the basis of this lawsuit.

5. Daniel Flores Tovar
c/o Jennifer Anne Kinder
3701 W. Northwest Highway
Suite #304
Dallas, Texas 75220
(214) 812-9800
jkinder@justcallkinder.net

Plaintiff's husband. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.

MEDICAL PROVIDERS-

6. All agents, representatives, treating physicians, nurses, employees, and Custodian of Records of:

Advanced Dallas Hospital 7502 Greenville Ave Dallas, TX 75231 (713) 790-1666

Medical Provider. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.

7. All agents, representatives, treating physicians, nurses, employees, and Custodian of Records of:

Advanced Dallas DBA Chopra Imaging 8305 Knight Road Houston, TX 77054 (713)848-4729

Medical Provider. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.

8. All agents, representatives, treating physicians, nurses, employees, and Custodian of Records of:

Ideal Pain 13101 Preston Road Suite # 480 Dallas, TX 75240 (972) 863-9481

Medical Provider. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.

9. All agents, representatives, treating physicians, nurses, employees, and Custodian of Records of:

2020 X-Ray Imaging 3201 West Airport Frwy Suite # 104 Irving, TX 75062 (972) 252-7246 Medical Provider. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.

10. All agents, representatives, treating physicians, nurses, employees, and Custodian of Records of:

Radiology Consultants 5424 Rufe Snow Suite # 502 North Richland Hills, TX 76180 (817) 572-2560

Medical Provider. Knowledge of the circumstances surrounding the events made the basis of this lawsuit.

Plaintiffs reserve the right to call at trial any of the following individuals who may have knowledge of relevant facts:

- 1. Any individual who has been or will be named by any party in answer to any interrogatory;
- 2. Any individual whose name appears on any document which has been or will be produced by any party in any response to request for production;
- 3. Any individual whose name is reflected in any document which has been or will be obtained through the use of a medical authorization;
- 4. Any individual whose name is reflected in any document which has been or will be submitted to the Court by affidavit;
- 5. Any individual whose name is reflected in any document which has been or will be subpoenaed by any party;
- 6. Any individual whose name appears in the transcript of any deposition taken in this matter; and
- 7. Any individual whose name is reflected in any document which has been or will be attached to the transcript of any deposition.

Rule 194.2(f): for any testifying expert:

1.

- (1) the subject matter on which the expert will testify:
- (2) the general substance of the expert's mental impressions and opinions and a brief summary of the basis for them, or if the expert is not retained by, employed by, or otherwise subject to the control of Plaintiffs, documents reflecting such information.
- (3) if the expert is retained by, employed by or otherwise subject to the control of the Plaintiffs:
 - (A) all documents, tangible things, reports, models, or data compilations that have been provided to, reviewed by, or prepared by or for the expert in anticipation of litigation:
 - (B) the expert's current resume and bibliography.

2. (1)

- (2) the subject matter on which the expert will testify:
- (3) the general substance of the expert's mental impressions and opinions and a brief summary of the basis for them, or if the expert is not retained by, employed by, or otherwise subject to the control of Plaintiffs, documents reflecting such information.
- (4) if the expert is retained by, employed by or otherwise subject to the control of the Plaintiffs:
 - (A) all documents, tangible things, reports, models, or data compilations that have been provided to, reviewed by, or prepared by or for the expert in anticipation of litigation:
 - (B) the expert's current resume and bibliography.

Response: 1) MEDICAL PROVIDERS-

All agents, representatives, treating physicians, nurses, employees, and Custodian of Records of:

Advanced Dallas Hospital 7502 Greenville Ave Dallas, TX 75231 (713) 790-1666

Advanced Dallas DBA Chopra Imaging 8305 Knight Road Houston, TX 77054 (713)848-4729 Ideal Pain 13101 Preston Road Suite # 480 Dallas, TX 75240 (972) 863-9481

2020 X-Ray Imaging 3201 West Airport Frwy Suite # 104 Irving, TX 75062 (972) 252-7246

Radiology Consultants 5424 Rufe Snow Suite # 502 North Richland Hills, TX 76180 (817) 572-2560

2) Medical Experts - Plaintiff anticipates that each of the abovereferenced experts may be called upon to testify as to the treatment, diagnosis, and prognosis of Plaintiff, including whether or not Plaintiff was injured in the accident, and if so, what the cause, nature, extent, and duration of his injuries and/or disabilities were and whether or not the medical treatments received by Plaintiff was reasonable and necessary. Moreover, these experts will opine on the future medical treatment needed by Plaintiff and the cost of future medical treatment. Further testimony may be given as to Plaintiff's job requirements, the ability of Plaintiff to perform work, the ability of Plaintiff to obtain and keep employment, and Plaintiff's loss of wage-earning capacity, if any. Testimony may further be given as to any matter contained in each expert's deposition testimony, if any, as well as to any matter contained in each expert's medical and billing records. The aforementioned experts may testify as to their education, qualifications, credentials, experience, and fields of expertise.

Plaintiff also reserves the right to cross-examine each of the individuals designated by Defendant as potential expert witnesses herein.

WILL SUPPLEMENT

The aforementioned medical experts who are Plaintiff's healthcare providers have not been retained by employed by, or otherwise subject to the control of Plaintiff. It is anticipated that the mental impressions and opinions of Plaintiff's healthcare providers may be contained in each expert's deposition testimony, if any, as well as in each expert's medical and billing records that are being produced to Defendant as Vasquez 001 through Vasquez 133.

Rule 194.2(g):

any discoverable indemnity and insuring agreements described in Rule 192.3(f):

Response: None.

Rule 194.2(h):

any discoverable settlement agreements described in Rule 192.3(g);

Response: None.

Rule 194.2(i):

any discoverable witness statements described in Rule 192.3(h);

Response: None.

Rule 194.2(j):

If this is a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, produce all medical records and bills that are reasonably related to the injuries or damages asserted or, in lieu thereof, an authorization permitting the disclosure of such medical records and bills.

Response: Documents responsive to this request are attached hereto.

Rule 194.2(k):

If this is a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, produce all medical records and bills obtained by you by virtue of an authorization furnished by Defendant/Counter-Plaintiff.

Response: Documents responsive to this request are attached hereto.

Rule 194.2(1):

the name address, and telephone number of any person who may be designated as a responsible third party.

Response: None known to Plaintiffs at this time, other than those named as a party to this suit.

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 12 of 144 PageID 22

FREDDY'S AUTO REPAIR 624 N' FIFTH STE/"C" GARLAND TX 75040 PHONE (214) 664 2179

Vehicle Info 2016 Chevrolet -Traverse LS 1GNKRFKD1GJ191571 Body Type: 4 Door Utility Engine: 3.6L 6 Cyl Gas Injected Drive Type: FWD

Insurance Company Inspection Date: 01/18/2022

and the same of the	Oper	Description	Part Number	Price	Labor
HOOD					
	Blend	HOOD PANEL			
		1.4 hrs. Blend			1.4 hrs. Refinish
FRONT	FENDER				1.4 ms. Nemman
2	Replace	R FENDER PANEL	20802979	\$416.32	3.1 hrs. Body
				0410.02	2 hrs. Paint panel
		0.8 hrs. Clearcoat			0.8 hrs. Refinish
FRONT	DOOR				old first resimant
k.	Replace	R FRT DOOR SHELL	22883073	\$1,200.00	5.8 hrs. Body
				V1,200.00	2.3 hrs. Paint panel
		0.9 hrs. Clearcoat, 1.2 hrs. Underside			2.1 hrs. Refinish
1	R&R	RIGHT ADD TO R&R TO R&I/R&R SIDE			0.4 hrs. Mechanical
		IMPACT SENSOR (R FRT ADD TO R&I/R&R SIDE AIR BA			
5	Replace	R FRT LWR DOOR ADHESIVE MOULDING	22923502	0.000	
REAR	and the state of t	WITH ENTROCK ADMESTICE MODEDING	22923302	\$178.88	0.2 hrs. Body
3	Replace	R REAR DOOR SHELL	00004007		Laboratoria
	replace	IN NEAR DOOR SHELL	22904887	\$1,395.00	5.6 hrs. Body
		0.9 hrs. Clearcoat			2.3 hrs. Paint panel 0.9 hrs. Refinish
,	R&R	RIGHT ADD TO R&R TO R&I/R&R SIDE			0.4 hrs. Mechanical
	14014	IMPACT SENSOR (R REAR ADD TO R&I/R&R SIDE AIR B			0.4 ms. Mechanica
3	Replace	R REAR LWR DOOR ADHESIVE MOULDING	22923500	\$169.78	0.2 hrs. Body
SIDEB	ODY				
9	Blend	R SIDE 1/4 PANEL		7,35	
		2.3 hrs. Blend			2.3 hrs. Refinish
QUART	ER GLASS				
10	R&I	R QTR GLASS STATIONARY			1.8 hrs. Glass
OTHER	1				
11	Replace	ALIG - Nontaxed			
3.41	topidoo	, may 2 , 100 mary 1		\$85.00	

Totals

Type		Labor Time	Cost	Total	Taxable
Body Labor	-	14.9	\$50.00	\$745.00	
Glass Labor		1.8	\$50.00	\$90.00	
Mechanical Labor		0.8	\$125.00	\$100.00	
Paint Labor		14.1	\$48.00	\$676.80	
Paint Supplies		14.1	\$40.00	\$564.00	1
Nontaxed		280,000		\$85.00	
OEM Parts				\$3,359.98	1
Taxable Amount				\$3,923.98	
Tax	8.25%			\$323.73	
Nontaxable Amount				\$1,696.80	
Grand Total				\$5,944.51	

AFFIDAVIT ESTABLISHING NECESSITY AND REASONABLENESS OF SERVICES AND CHARGES

Before me, the undersigned authority, pers	onally appeared Monique Scott who, being
by me duly sworn, deposed as follows:	
"My name is Monique Scott	. I am of sound mind and capable of
making this affidavit.	
I am the person in charge of the records of	ADVANCE DALLAS HOSPITAL Attached
to this affidavit are records that provide an iten	nized statement of ANA VASQUEZ on or after
10/23/2021-12/17/2021 . The	attached records are a part of this Affidavit.
The attached records are kept by me regula	ar course of business. The information contained
in the records was transmitted to me in the regular	course of business by the person who provided
the service or an employee or representative of	
personal knowledge of the information. The recor	rds were made at or near the time or reasonably
soon after the time that the service was provided.	
of the original.	
The services provided were necessary	and the amount charged for the service was
reasonable at the time and place that the services	were provided.
	ras § 0.00, and the amount currently
unpaid but which ADVANCE DALLAS HOSPI	
or credits is \$ 67,601.99"	DocuSigned by:
	Monique Scott
	Affiant
SWORN TO AND SUBSCRIBED before me on	this the <u>04</u> day of <u>May</u> , 2022.
	DocuSigned by:
	Annette Dewease
SEAL	Notary Public, State of Texas
ANNETTE DEWEASE	Annette Dewease
ANNETTE DEWEASE Notary ID 131865356 My Commission Expires 1/23/2023	Notary's Printed Name My Commission Expires: 01/23/2023

DocuSign Envelope ID: 82123210-E963-4058-B61 ADVANCED GRELLS 2 HOS 00 4521-11	5-731E20A0A361 AD DOCUMEN tAL	3a,Filjedsi	0/24/22ap	Page 150	of 1441 Pa	igeID 25	A TYPE OF BILL
7502 GREENVILLE AVENUE	PO BOX 30110	3	b. Mi REC	即902923V	13131 6 STATEMENT OF		0131
	HOUSTON TX 7			D. TAX NO.	FROM	THROUGH	
	(713) 790166	The state of the s		34121741	THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF TH	102321	k=====
PATIENT NAME # 99999	9 PATIENT ADDRESS		5 RANCHO	DR QUIN		75474	*US
VASQUEZ, ANA	b QUINLA	100	CONDITION CODE 22 23	S		ACDT 30	1-100
TO BINCHONIE 11 SEA 12 DATE 13 HR 14 TYPE 15 S	23 01	19 20 21	22 23	24 25 26	27 28 8	IAIE	
11 OCCURRIENCE BY OCCURRENCE SS OCCURR	ENGE 34 OCCURRENC	E 36	OCCURRENCE SPA	N 36 THROUGH CODE	OCCURRENCE FROM	SPAN S THROUGH	57
11 102321 01 102321	DATE GODE DATE	CODE	FROM	THROUGH CODE	PHOM	PHOCAN	
11 102321 01 102321							
36		39	VALUE CODE DE AMOUNT	S 40 CODE	WALUE CODES AMOUNT	41 VAL	UE CODES VMOUNT
VASQUEZ, ANA 5845 RANCHO DR QUINLAN		a 4	5 1	2 00			
QUINLAN TX 75474		b					
QUINIAN IX /34/4		c				E	
	Total Contract of the Contract	[d]	45 SERV DATE	4e SERV, UNITS	47 TOTAL CHARGES	48 NON-COVER	ED CHWRGES 40
42 REV. CD. 43 DESCRIPTION	44 HCPCS / RATE / HIPI	PS:ODDE	102321	1	SPACE OF THE STATE OF THE	80	
0271 1 IN COBAN 0272 CATHETER IV 20G			102321	2		89	
0300 Laboratory - General	81025		102321	ĩ		00	i
0301 Laboratory - Chemistr			102321	ī		00	
0301 Laboratory - Chemistr	y 80053		102321	1	985	2 PO 000 1	
0301 Laboratory - Chemistr	y 36415		102321	1		0.0	
0305 Laboratory - Hematolo	gy 85025		102321	1		00	1
0307 Laboratory - Urology	81001	NS04P	102321	1		00	1
0351 CT Scan - Head Scan	70450	TC	102321	1		0.0	
0352 CT Scan - Body Scan	74177	TC	102321	1		0.0	- 1
0352 CT Scan - Body Scan	71260	TC	102321	1	100000000000000000000000000000000000000	0.0	- 1
0352 CT Scan - Body Scan	72125 eral 99284	TC 25	102321	1	75 (1972) (1971)	00	
0450 Emergency Room - Gene		26	102321	1	100 CONT. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO	00	
0459 Emergency Room - Othe 0460 Pulmonary Function -		20	102321	1	- The Control of the	00	
0400 Fullionaly function	GC11 31700		100001			1	
						8	
							17
			110101	TOTAL 0	42002	60	0 00
0001 PAGE 1 OF 1		ATION DATE	110121	TOTALS	43993	I DESCRIPTION OF THE PARTY OF THE PARTY.	
and a first mart the state of	ALTH PLAN ID	Y Y	DOSESTING AND ADDRESS OF THE PARTY OF THE PA		3 69 67	1320003	113
VASQUEZ, ANA 5845 RANCHO DR QUINLAN		YYY	0	300 4333	ОТНЕЯ		
OUINLAN TX 75474		5.1			PRV ID		
SI INSURED'S NAME	SOPPEL SO INSURED'S UNIQUE	E(0)	61 GF	OUP NAME	62 INSU	URANCE GROUP NO.	
VASQUEZ, ANA	18 99999						
VASQUEZ, ANA	18 99999999	9					
APPROXIMATE TAX AND THE SECOND							
6S THEATMENT AUTHORIZATION CODES	64 DOCUMENT	CONTROL NUMBER		65 EM	IPLOYER NAME		
		101				[58	
S161XXA S39012A R519	V4352XA Y924	181				00	
09 ADMIT NEE A 2 TO PATIENT ME A 2	4	71 PPS	72	FONT Prop	401	73	
69 ADMIT M5 4 2 70 PATIENT M5 4 2 PRINCIPAL PROCEDURE OCIDE DATE CODE	URE OTHER	CODE R PROCEDURE	The state of the s	52XA Y92	0937641	c a law I	
CODE DATE CODE	CODE CODE	DATE		AST PATEL	UA2104T	PIRST RAV	r
a OTHER PROCEDURE a OTHER PROCED	URE: # OTHER	A PROCEDURE DATE		7 OPERATING INFI		DUAL KAV	
CODE DATE CODE	UAPE CODE	DATE	-	AST		FIRST	
80 REMARKS 81	B3282N00000) X		S OTHER NPI		O.AL	
2010 CO 2010 (2	b	/23	L	AST		FIRST	
	c		7	9 OTHER NPI		OUAL	
	d			AST		FIRST	
UB-04 CMS-1450 APPROVED ONB NO. 0938-0997		UBC manufacture		NOT HE CENTIFICATIONS ON T	HE REVERSE APPLY		MADE A PART HE

ADVANCED Case La22+cv-00159-	AD Pocume	ntal:3.a.Fil	ed 10/24/2	23sa PAT Pag	201670f1	44 Pagel	D 26
7502 GREENVILLE AVENUE	PO BOX 30			B.MED 915	5827V13	131	0131
DALLAS TX 752313802	HOUSTON ?		1130	5 FED TAX NO	6	STATEMENT COVERS P	ERIOD 7 IOUGH
(469) 2216000 8 PATIENT NAME [-199999	(713) 790			83412		1021 111	.021
1 2 3 3 3 3	() () () () () () () () () ()		5845 RAN	ICHO DR	QUINLA		
D VASQUEZ, ANA	P QU.	INLAN	CONDITIO	N CODES	7651 10.	○ TX ○ 75	
10 BIRTHDATE		18 19 20	21 22	29 24 25	28 27	28 STATE	20
31 OCCURRENCE 92 TORRIGHENDE 33 OCCUR		DURRENCE 35 DATE CO	OCCURREN	ICE SPAN	36	OCCURRENCE SPAN FROM THE	37
01 102321 11 102301	DATE CODE	DATE CO	DE FROM	THROUGH	CODE	FROM THE	ROUGH
01 102321 11 102301		_					
38			39 VALU	E CODES MOUNT	40 WILLE CODE AN	CODEB 41	VALUE GODES ODE AMOUNT
VASQUEZ, ANA			a 45	12 00			8
5845 RANCHO DR QUINLAN QUINLAN TX 75474			ь				
PAPER AT MADNING			c				
			ď				
42 REV.CD. 43 DESCRIPTION	44 HCPGS /	RATE / HIPPS CODE	45 SERV DATE				8 NON-COVERED CHARGES 49
0250 72611072201 0260 IV Therapy - General	0.00	2	11110	00000000000000000000000000000000000000	2	100 00	
0260 IV Therapy - General 0450 Emergency Room - Gen			1110 1110		1	256 30 6930 00	
0459 Emergency Room - Oth			1110			3750 00	
0460 Pulmonary Function -			1110		1	80 00	
a damentally 2 direction	0011		11110			00 00	
						- 1	
							9
						- 4	
	ľ						8
						- 1	
						1	1
							1
0001 PAGE 1 OF 1		CREATION D.	ATE 1130	21 TOTAL	SI 1	1116 30	0 00
	EALTH PLAN ID		ASS 54 PRIOR PAYME		AMOUNT DUE		8603115
VASQUEZ, ANA					The second second	30 57	0003113
5845 RANCHO DR QUINLAN			Ŷ			OTHER	
QUINLAN TX 75474		12	~			PRV ID	
58 INSURED'S NAME	19 P REL 60 INSURED	S UNIQUE ID		61 GROUP NAME		62 INSURANCE G	ROUP NO.
VASQUEZ, ANA	18 9999	9					
VASQUEZ, ANA	18 99999	9999					
63 THEATMENT AUTHORIZATION CODES	64 DOC	UMENT CONTROL NUS	MER		66 EMPLOYER	NAME	
							1 45
S39012A S161XXA				0			68
		Language	F23.07/I				
69 ADMIT M542 TO PARTIENT M542	WEE	71 PPS CODE	72 ECI				73
74 PRINCIPAL PROCEDURE OTHER PROCED CODE DATE OCC	DATE 6	OTHER PROCEDURE ODE DA	TE 75	75 ATTENDING		3173612 0	
CTITLE PROCESSING A COMMENTATION	VIDE	WINES BOOKERNS	THE REAL PROPERTY.	гчат ИОХ	Parties		MICHAEL
a OTHER PROCEDURE d. OTHER PROCEC CODE DATE CODE	DATE C	OTHER PROCEDURE ODE DA	EE A	77 OPERATING	NPI	[OU	
In any stance	00L ala a a	0.00		LAST		FIRST	
BD REMARKS	[©] B3282N00	OOOX		78 OTHER	NPI	l QU	
	b .			LAST	The second	FIRST	1 1
	4			70 OTHER	NPL	CO	
UB-01 CMS-1450 APPROVED ONB NO. 0608-0907	đ		W	THE CERTIFICAT	IONS ON THE REVI	FIRST FIRST APPLY TO THIS BILL	L AND ARE MADE A PART HEREOF
		NUBC MALE	dia.	10.00		The second second second	The state of the s

ADVANCED Case 11a22+cvs001	058-8615-731E20A0A36 1 59 -HAD DOCUME N	tara a Filed	10/24/24 PA	T dia di Cha Lini	144 rayero	10
1002 GREENVILLE AVENUE	E PO BOX 30	1103	b. MED BEC #	963097V	13131	0
ALLAS TX 752313802	HOUSTON T		30 see	TAX NO.	STATEMENT COVERS PERIO	D 7
713) 7901666	(713) 790	1666	-	4121741	121721 12172	21
ATIENT NAME * 99999	9 PATIENT A	DOPRESS # 58	45 RANCHO	DR OUTN	I.AN	or sk. T
VASQUEZ, ANA	▶ QUI	NLAN		2011	orx 07547	4 -
	CONTRACTOR OF THE PARTY OF THE	12 m	CONDITION CODES 21 22 23 2	4 25 26	27 28 STATE 30	-
8011983 F 121721 14 3	3 2 23 01				1 0000	
DE DATE CODE DATE COD	OCCURRENCE 34 GCC1 DE DATE CODE	RRENCE 36 DATE CODE	OCCURRENCE SPAN FROM TH	HPOUGH CODE	OCCUPATION SPAN FROM THROUG	u 37
1 121721				With the second	THOUSE THE STATE OF THE STATE O	
ASQUEZ, ANA			39 VALUE CODES CODE AMOUNT	ID V	ALUE CODES 41 AMOUNT CODE	VALUE CODES AMOUNT
345 RANCHO DR QUINLAN	ī	a		1		7000017
JINLAN TX 75474	*	b				
		c		1	1	
		d				
N CB. 48 DESCRIPTION		TE/HIPPE CODE		SERV. UNITS 47	TOTAL CHARGES 48 NON	COVERED CHARGES
12 MRI - Spinal Cord	(Inclu 72148	377,000	121721	1	6158 00	
12 MRI - Spinal Cord	(Inclu 72141	TC	121721	1	6334 00	
					4	
						- 3
7						
					4	- 3
					3 1	
					4.	
					7	
						100
					0.00	111111111111111111111111111111111111111
					7	
					75.000 000 000 000 000 000 000 000 000 00	
		REATION DATE	012622 70	OTALS -	12492 00	0 00
YER NAME	C I	Total Liver		DTALS SEST AMOUNT DUE		
YER NAME SQUEZ, ANA	51 HEALTH PLAN ID	STRILL RIVER		65 EST. AMOUNT DUE	56 NPI 15286	
en name SQUEZ, ANA 45 RANCHO DR QUINLAN	51 HEALTH PLAN ID	MEO SEN 5	4 PRIOR PAYMENTS	Will	56 NPI 15286	
SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474	51 HEALTH PLAN ID	Y Y	4 PRIOR PAYMENTS	65 EST. AMOUNT DUE	56 NPI 152861 00 57	
ER NAME SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 UREDS NAME	51 HEALTH PLAN ID	е дело тап за жел У У	4 PRIOR PAYMENTS	ss est avaijat due 12492	56 NPI 15286 00 57 OTHER	03115
SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 UREDS NAME SQUEZ, ANA	ST HEALTH PLAN ID	е дело тап за жел У У	4 PRIOR PAYMENTS 0 00	ss est avaijat due 12492	96 NPI 152860 0 0 87 OTHER PRV ID	03115
ER NAME SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 URED'S NAME SQUEZ, ANA	61 HEALTH PLAN ID 09 P.PRL 60 INSURED S U	STREET SAVED P	4 PRIOR PAYMENTS 0 00	ss est avaijat due 12492	96 NPI 152860 0 0 87 OTHER PRV ID	03115
SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 UREDS NAME SQUEZ, ANA	61 HEALTH PLAN ID 69 P.R.L. 60 INSURED S UI 18 99999	STREET SAVED P	4 PRIOR PAYMENTS 0 00	ss est avaijat due 12492	96 NPI 152860 0 0 87 OTHER PRV ID	03115
SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 BUREDS NAME SQUEZ, ANA SQUEZ, ANA	51 HEALTH PLAN ID 53 P.P.E. 60 INSUREDS UP 18 99999 18 999999	STREET SAVED P	4 PRIOR PAYMENTS 0 00	SS EST AMOUNT DUE 12492 NAME	56 NPI 15286	03115
SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 UREDS NAME SQUEZ, ANA SQUEZ, ANA	51 HEALTH PLAN ID 53 P.P.E. 60 INSUREDS UP 18 99999 18 999999	TO THE STATE OF TH	4 PRIOR PAYMENTS 0 00	ss est avaijat due 12492	56 NPI 15286	03115
SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 UREDS NAME SQUEZ, ANA SQUEZ, ANA	51 HEALTH PLAN ID 53 P.P.E. 60 INSUREDS UP 18 99999 18 999999	TO THE STATE OF TH	4 PRIOR PAYMENTS 0 00	SS EST AMOUNT DUE 12492 NAME	56 NPI 15286	03115
ER NAME SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 URED'S NAME SQUEZ, ANA SQUEZ, ANA	51 HEALTH PLAN ID 53 P.P.E. 60 INSUREDS UP 18 99999 18 999999	TO THE STATE OF TH	4 PRIOR PAYMENTS 0 00	SS EST AMOUNT DUE 12492 NAME	56 NPI 15286	03115
ER NAME SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 URED'S NAME SQUEZ, ANA SQUEZ, ANA ATMENT AUTHORIZATION CODES	51 HEALTH PLAN ID 53 P.P.E. 60 INSUREDS UP 18 99999 18 999999	TO THE STATE OF TH	4 PRIOR PAYMENTS 0 00	SS EST AMOUNT DUE 12492 NAME	56 NPI 15286	03115 No
ER NAME SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 URED'S NAME SQUEZ, ANA SQUEZ, ANA ATMENT AUTHORIZATION CODES	51 HEALTH PLAN ID 53 P.P.E. 60 INSUREDS UP 18 99999 18 999999	TO THE STATE OF TH	4 PRIOR PAYMENTS 0 00	SS EST AMOUNT DUE 12492 NAME	56 NPI 15286	03115
ER NAME SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 URED'S NAME SQUEZ, ANA SQUEZ, ANA ATMENT AUTHORIZATION CODES	61 HEALTH PLAN ID 69 P.RIO. 60 INSURED'S UN 1.8 99999 1.8 999999 64 DOCUME	PATEL NAMES SEEMS	4 PRIOR PAYMENTS O D O 61 GROUP	SS EST AMOUNT DUE 12492 NAME	SS NPI 15286	03115 No.
SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 UREDS NAME SQUEZ, ANA SQUEZ, ANA ATMENT AUTHORIZATION CODES	61 HEALTH PLAN ID 69 P.RIO. 60 INSURED'S UN 1.8 99999 1.8 999999 64 DOCUME	PARELL SAASG SEEL SAAS	4 PRIDR PAYMENTS 0 00 61 GROUP	12492 NAME	SS NPI 15286	03115 No.
SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 UREDS NAME SQUEZ, ANA SQUEZ, ANA ATMENT AUTHORIZATION CODES	61 HEALTH PLAN ID 69 P.FIEL 60 INSUREDS UP 18 99999 18 999999 64 DOCUME	PATE PROCEDURE	4 PRIDR PAYMENTS 0 0 0 0 61 GROUP 72 EGS 76 ATTES	SS EST. AMOUNT DUE 12492 NAME 85 EMPLOY	56 NPI 15286	03115 No.
SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 UPREDS NAME SQUEZ, ANA SQUEZ, ANA ATMENT AUTHORIZATION CODES IT M5021 M50222 M5127 IT M5021 TOPATIENT REASON DX M5021 PRINCIPAL PROCEDURE CODE DATE CODE	61 HEALTH PLAN ID 62 P.FIEL 60 INSUREDS UP 18 99999 18 999999 64 DOCUME	PAREL NAMES SEELS	4 PRIDR PAYMENTS 0 0 0 0 61 GROUP 72 EGS 76 ATTES	12492 NAME	SS NPI 15286	03115 No:
SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 URED'S NAME SQUEZ, ANA SQUEZ, ANA ATMENT AUTHORIZATION CODES IT M5021 M50222 M5127 IT M5021 TOPATIENT REASON DX M5021 PRINCIPAL PROCEDURE CODE DATE OTHERS CODE	61 HEALTH PLAN ID 62 P.FIEL 60 INSUREDS UP 18 99999 18 999999 64 DOCUME	PATEL NAMES SEEN SEEN SEEN SEEN SEEN SEEN SEEN S	4 PRIDR PAYMENTS 0 0 0 0 61 GROUP 72 EGS 76 ATTES	SS EST AMOUNT DUE 12492 NAME 85 EMPLOY NDIRG NP 110 URKETT	56 NPI 15286	03115 No.
SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 URED'S NAME SQUEZ, ANA SQUEZ, ANA SQUEZ, ANA SQUEZ, ANA STATEMENT AUTHORIZATION CODES TO PATIENT M5021 TO PATIENT M5021 PRINCIPAL PROCEDURE CODE COTHER PROCEDURE CODE	51 NEALTH PLAN ID 52 P.P.D. 60 INSUREDS UP 1.8 99999 1.8 99999 64 DOCUME PROCEDURE DATE 5. CODE	PARELL NAMES SENT SENT SENT SENT SENT SENT SENT SE	4 PRIOR PAYMENTS O D D 61 GROUP 72 ECI 75 ATTE	SS EST AMOUNT DUE 12492 NAME 85 EMPLOY NDIRG NP 110 URKETT	95 NPI 15286	03115 No.
SQUEZ, ANA 45 RANCHO DR QUINLAN INI,AN TX 75474 UREDS NAME SQUEZ, ANA SQUEZ, ANA SQUEZ, ANA SQUEZ, ANA SATMENT AUTHORIZATION CODES TO PATIENT AUTHORIZATION CODES TO PATIENT M5021 REASON DX M5021 FRINCIPAL PROCEDURE CODE OTHER PROCEDURE CODE OTHER PROCEDURE CODE OTHER CODE OTHER CODE OTHER CODE OTHER CODE	98 P.FIL 60 INSURED S US 18 99999 18 999999 64 DOCUME PROCEDURE CODE PROCEDURE CODE 18100 B 3 2 8 2 N 0 0 0 0	PARELL NAMES SENT SENT SENT SENT SENT SENT SENT SE	4 PRIOR PAYMENTS O D D 61 GROUP 61 GROUP 75 76 ATTE	SS EST AMOUNT DUE 12492 NAME 85 EMPLOY URKETT LATRIG (MP)	56 NPI 15286	03115 No.
SQUEZ, ANA 45 RANCHO DR QUINLAN INLAN TX 75474 RUPEDS NAME SQUEZ, ANA SQUEZ,	51 NEALTH PLAN ID 52 P.P.D. 60 INSUREDS UP 1.8 99999 1.8 99999 64 DOCUME PROCEDURE DATE 5. CODE	PARELL NAMES SENT SENT SENT SENT SENT SENT SENT SE	4 PRIOR PAYMENTS O D D 61 GROUP 61 GROUP 175 176 177 178 179 179 170 170 170 170 170 170	SS EST AMOUNT DUE 12492 NAME 85 EMPLOY URKETT LATRIG (MP)	56 NPI 15286	NO.
SQUEZ, ANA 45 RANCHO DR QUINLAN INIAN TX 75474 SQUEZ, ANA SQUEZ, ANA SQUEZ, ANA SQUEZ, ANA SQUEZ, ANA SATINENT AUTHORIZATION CODES MIT M5021 M50222 M5127 MIT M5021 M50222 M5127 MIT M5021 M50222 M5021 PRINCIPAL PROCEDURE OVER CODE ONE OF CODE	98 P.FIL 60 INSURED S US 18 99999 18 999999 64 DOCUME PROCEDURE CODE PROCEDURE CODE 18100 B 3 2 8 2 N 0 0 0 0	PARELL NAMES SENT SENT SENT SENT SENT SENT SENT SE	4 PRIOR PAYMENTS 0 00 61 GROUP 61 GROUP 75 76 ATTES 175 QPER LAST B 178 OTHE	SS EST AMOUNT DUE 12492 NAME 86 EMPLOY NDIRES MPI 110 URKETT AT MPI	56 NPI 15286	03115 No.

AFFIDAVIT OF MEDICAL RECORDS

RE: ANA VASQUEZ

BEFORE ME, the undersigned authority, personally appeared __Martha Carrillo who, being by me duly sworn, deposed as follows:

"My name is <u>Martha Carrillo</u>, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

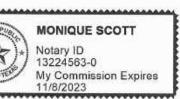
I am the custodian of the records for ADVANCE DALLAS HOSPITAL Attached hereto are 45 pages of records from ADVANCE DALLAS HOSPITAL These 45 pages of records are kept by ADVANCE DALLAS HOSPITAL in the regular course of business, and it was the regular course of business of ADVANCE DALLAS HOSPITAL for an employee or representative of ADVANCE DALLAS HOSPITAL with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original."

Martha Carrillo

EABO832277A7403

SWORN TO AND SUBSCRIBED before me on this the 15 day of June , 2022

SEAL



Monique Scott
Notary Publics State of Texas

Monique Scott

Notary's Printed Name

My Commission Expires:

11-08-2023

Accession: 372253PCM118812

Advanced Dallas Hospital and Clinics 7502 Greenville Ave, DALLAS, TX, 75231

Patient Name: Vasquez, Ana

MRN: 266686 SS: 999999999

Ordering Physician: Burkett, Joseph M.D.

Exam Date: 12/17/2021 3:16 PM

Exam Type: MRI LUMBAR SPINAL CANAL WO/DYE(72148)

External Notes:

Clinical Reason: LOW BACK PAIN

MRI lumbar Spine Without Contrast:

Comparison: None

Technique:

A noncontrast MRI examination of the lumbar spine was performed. A multiplanar, multisequence examination was performed. Sagittal and axial T1 and T2-weighted images were obtained.

Comments:

The lumbar vertebral bodies are normal in height and homogeneous in marrow signal. There is no acute compression fracture.

The distal spinal cord and conus are unremarkable in signal and position.

At T12-L1, L1-L2, L2-L3, L3-L4 and L4-L5, the discs are normal in height and hydrated without apparent bulge or herniation, central or lateral recess stenosis. The neural foramina are patent.

At L5-S1, the disc is normal in height. The disc is normal in height. Central/left subarticular disc herniation measuring 5 mm is demonstrated. Mild left lateral recess stenosis noted. No central or neural foraminal stenosis.

Impression:

 Central/left subarticular disc herniation at L5-S1 measuring 5 mm. The disc herniation produces mild left lateral recess stenosis.

Electronically signed by Amesur, Sandeep M.D.

12/20/2021 1:38 PM

DOB: 08/01/1983

Gender: F

Age: 38

^{* 372253}PCM118812 * Vasquez, Ana * 08/01/1983 * 999999999 * F *

AFFIDAVIT OF MEDICAL RECORDS

RE: ANA VASQUEZ

BEFORE ME, the undersigned authority, personally appeared Martha Carrillo who, being by me duly sworn, deposed as follows:

"My name is <u>Martha Carrillo</u>, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records for ADVANCE DALLAS HOSPITAL Attached hereto are 45 pages of records from ADVANCE DALLAS HOSPITAL These 45 pages of records are kept by ADVANCE DALLAS HOSPITAL in the regular course of business, and it was the regular course of business of ADVANCE DALLAS HOSPITAL for an employee or representative of ADVANCE DALLAS HOSPITAL with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original."

Martha Carrillo

EAROB32277A7403

SWORN TO AND SUBSCRIBED before me on this the 15 day of June , 2022.

SEAL

MONIQUE SCOTT

Notary ID
13224563-0
My Commission Expires
11/8/2023

Monique Scott
Notary Publics State of Texas

Monique Scott

Notary's Printed Name

My Commission Expires:

11-08-2023

Accession: 372253PCM118812

Advanced Dallas Hospital and Clinics 7502 Greenville Ave, DALLAS, TX, 75231

Patient Name: Vasquez, Ana

MRN: 266686 SS: 999999999

Ordering Physician: Burkett, Joseph M.D.

Exam Date: 12/17/2021 3:16 PM

Exam Type: MRI LUMBAR SPINAL CANAL WO/DYE(72148)

External Notes:

Clinical Reason: LOW BACK PAIN

MRI lumbar Spine Without Contrast:

Comparison: None

Technique:

A noncontrast MRI examination of the lumbar spine was performed. A multiplanar, multisequence examination was performed. Sagittal and axial T1 and T2-weighted images were obtained.

Comments:

The lumbar vertebral bodies are normal in height and homogeneous in marrow signal. There is no acute compression fracture.

The distal spinal cord and conus are unremarkable in signal and position.

At T12-L1, L1-L2, L2-L3, L3-L4 and L4-L5, the discs are normal in height and hydrated without apparent bulge or herniation, central or lateral recess stenosis. The neural foramina are patent.

At L5-S1, the disc is normal in height. The disc is normal in height. Central/left subarticular disc herniation measuring 5 mm is demonstrated. Mild left lateral recess stenosis noted. No central or neural foraminal stenosis.

Impression:

 Central/left subarticular disc herniation at L5-S1 measuring 5 mm. The disc herniation produces mild left lateral recess stenosis.

Electronically signed by Amesur, Sandeep M.D.

12/20/2021 1:38 PM

DOB: 08/01/1983

Gender: F

Age: 38

^{* 372253}PCM118812 * Vasquez, Ana * 08/01/1983 * 999999999 * F *

Accession: 372249PCM118811

Advanced Dallas Hospital and Clinics 7502 Greenville Ave, DALLAS, TX, 75231

DOB: 08/01/1983

Gender: F

Age: 38

Patient Name: Vasquez, Ana

MRN: 266686 SS: 999999999

Ordering Physician: Burkett, Joseph M.D.

Exam Date: 12/17/2021 2:56 PM

Exam Type: MRI CERVICAL SPINAL CANAL WO/DYE(72141)

External Notes:

Clinical Reason: neck pain

MRI Cervical Spine Without Contrast:

Technique:

A noncontrast MRI examination of the cervical spine was performed. A multiplanar, multisequence examination was performed. Sagittal and axial T1 and T2-weighted images were obtained.

Comments:

The cervical vertebral bodies are normal in height and homogeneous in marrow signal. There is no acute compression fracture.

Reversal of the normal lordosis is noted which might be related to patient positioning and/or spasm.

The spinal cord is normal in signal and position.

At C2-C3, the disc is normal in height without disc bulge or herniation. The spinal cord is normal in signal. No central or neural foraminal stenosis.

At C3-C4, the disc is normal in height. Central disc herniation measuring 2 mm is demonstrated. The thecal sac measures 10 mm in AP diameter along the midline. The spinal cord is normal in signal for the neural foramina are patent.

At C5-C6, the disc is normal in height. Central disc herniation measuring 2 mm is demonstrated and flattens the thecal sac. The thecal sac measures 11 mm in AP diameter along the midline. The spinal cord is normal in signal. The neural from her patent.

At C5-C6, C6-C7 and C7-T1, the discs are normal in height without disc bulge or herniation. The spinal cord is normal in signal. The neural foramina are patent.

Impression:

- Central disc herniation at C3-C4 measuring 2 mm.
- 2. Central disc herniation at C5-C6 measuring 2 mm.
- 3. Reversal of the normal lordosis is noted which might be related to positioning and/or spasm.

Accession: 372249PCM118811

Advanced Dallas Hospital and Clinics 7502 Greenville Ave, DALLAS, TX 75231

Patient Name: Vasquez, Ana

MRN: 266686 SS: 999999999

Ordering Physician: Burkett, Joseph M.D.

Exam Date: 12/17/2021 2:56 PM

Exam Type: MRI CERVICAL SPINAL CANAL WO/DYE(72141)

External Notes:

Clinical Reason: neck pain

Electronically signed by Amesur, Sandeep M.D.

12/20/2021 1:32 PM

DOB: 08/01/1983

Gender: F

Age: 38

* 372249PCM118811 * Vasquez, Ana * 08/01/1983 * 999999999 * F *



Patient R	e gistration
CURRENT PATIENT INFORMATION PLEASE PRINT	Guarantor Information (to whom statements are sent)
Last Name: vasquez flores	Name: ANA EMPERATRIZ VASQUEZ FLORES
First Name: ANA	Address: 5845 RANCHO DR
Middle Name: EMPERATRIZ	QUINLAN, TX 75474-3205
Address: 5845 RANCHO DR	
City: QUINLAN State: TX	Date of Birth: 08/01/1983
Zip: 75474-3205	Social Security No.:
Home Phone: (469) 671-1659	Phone: () -
Work Phone:	Emergency Contact Information
Mobile Phone:(469) 671-1659	Name: DANIEL FLORES
Sex: F	Relationship:spouse
Date of Birth: 08/01/1983 38yo	Phone: (214) 573-3637
Social Security No.:	
Patient email:	
Required by government mandate [although you	
may refuse]	Employer information
Language: Spanish	Employer:
Race: white	Address:
Ethnicity: Hispanic or Latino/Spanish	Phone:
Marital Status:	
Hospital Visit Information	
Visit ID: 238434	Admitting Provider: NOYES, MICHAEL BRENT
Check In Date: 11/10/2021 17:45	Attending Provider: Noyes_Michael_MD
Discharge Date: 11/10/202118:45	Referring Provider:
Admission Type: Emergency	Operating Provider:
Discharge Status: Discharged to home or self care (routine discharge)	Level of Care: ED VISIT
Primary Insurance Information	Secondary Insurance Information
Visit Insurance: sp 1127 [637762] 10/23/2021	* *************************************
Insurance Plan Name:	Insurance Plan Name:
Last Name:	Last Name:
First Name:	First Name.:
Middle Name:	Middle Name:
Insurance ID/Cert #:	Insurance ID/Cert #:
Group/Policy #:	Group/Policy #:
Date of Birth: Sex (please circle): M or F	Date of Birth: Sex (please circle): M or F
Employer Name:	Employer Name:
Patient's relationship to policy holder:	Patient's relationship to policy holder:
Case Policy:	
To the best of my knowledge the above inform	mation is complete and accurate.
Signed	Date

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 25 of 144 PageID 35

PATIENT LAST NAME	PATIENT FIRST NAME	DATE OF BIRTH
VASQUEZ FLORES	ANA	08/01/1983
Additionally, you will be given the opportunity that you will need to provide regarding your p	to specify what information, if any, you would like to have restrict rotected health information. Please consider both requests as ext	ed from release. These are two different items of information
You may change either of these requests ver	oally or in writing at any time, by letting your healthcare provider (r	rurse of physician) know that you wish to make a change
By completing and signing this form you hav listed above.	e indicated that you are allowing ADHC and physicians involved in	your care to communicate as directed with the individuals
Additionally, you will be given the opportunity to si	pecify what information, if any, you would like to have restricted from reformation. Please consider both requests as extremely important infor	elease. These are two different items of information that you will
ou may change either of these requests verbally	or in writing at any time, by letting your healthcare provider (nurse of p	hysician) know that you wish to make a change
By completing and signing this form you have indicated	ated that you are allowing ADHC and physicians involved in your care	to communicate as directed with the individuals listed above.
DANIEL FLORES	Spouse	(214) 573-3637
Additionally, you will be given the opportunity	to specify what information, if any, you would like to have restricte	d from release. These are two different items of information
that you will need to provide regarding your pi	otected health information, Please consider both requests as extr ally or in writing at any time, by letting your healthcare provider (n	emely important information to be restricted
By completing and signing this form you have listed above	indicated that you are allowing ADHC and physicians involved in	urse of physician) know that you wish to make a change. your care to communicate as directed with the individuals.
PATIENT OR LEGAL REPRESENTATIVE SIGNAT	TIDE	THE THE COMMENT OF THE PROPERTY OF THE PROPERT
A GARA	UKE	
RELATIONSHIP TO PATIENT		11/10/2021 @ 15/50 PM

Advanced Diagnostics

Self

Disclosure of Protected Health Information

FORM # ADHE 124 Revised 01/2016

VASQUEZ, ANA

SEX: FEMALE AGE:38

MRN: 266686

DR. NOYES

VISIT ID: 238434 DOB: 08/01/1983

DOS: 11/10/2021

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 26 of 144 PageID 36

I am presenting myself for admission to Advanced Dallas Hospital & Clinics Inpatient/outpatient for care and treatment and I voluntarily consent to the rendering of such care, including diagnostic procedures and medical treatment by authorized agents and employees of the hospital, its medical staff, or other designees, as may be deemed necessary or beneficial for my care. I understand that testing for infectious conditions such as Human Immunodeficiency Virus (HIV) may be included. This consent is valid during the course of my admission unless revoked by me. I understand that my consent may be revoked verbally or in writing. I acknowledge that no guarantees have been made to me regarding the effect of such care or treatment of my condition.

PATIENT'S INITIALS

A.V

HOSPITAL AND EMERGENCY MEDICAL SERVICES LIEN

ADVANCED DALLAS HOSPITAL & CLINICS WILL PLACE A LIEN FOR THE BILLED CHARGES WITH THE HARRIS COUNTY CLERK FOR ALL EMERGENCY ROOM VISITS RESULTING FROM AN ACCIDENT. THE LIEN WILL ATTACH TO ANY CAUSE OF ACTION OR CLAIM THAT YOU MAY HAVE AGAINST ANOTHER PERSON FOR YOUR INJURIES. THE LIEN WILL NOT ATTACH TO ANY REAL PROPERTY OWNED BY YOU.

PATIENT'S SIGNATURE

PHYSICIAN BILLING

Physicians providing care during this encounter, including radiologist, pathologists, anesthesiologist, surgeons, emergency physicians, or other independent practitioners, will bill independently of the hospital for their services.

PATIENT'S INITIALS

A.V

ADVANCE DIRECTIVE ACKNOWLEDGEMENT

I have been given written materials about my right to accept or refuse medical treatment.

2. I have been informed of my rights to formulate advance directives.

3. I understand that I am not required to have an advance directive in order to receive medical treatment.

PATIENT'S INITIALS



I have executed an advance directive.

C Yes & No

A copy of the advance directive was obtained at admission.

I understand it is my responsibility to provide the Hospital with a copy of my advance directive, and understand that until I provide this document, the Hospital may not be able to honor my wishes.

FYes CNo

IF NO COPY OF PATIENT'S ADVANCE DIRECTIVE IS AVAILABLE, WHAT IS PATIENT'S INTENT (USE PATIENT'S OR HEALTHCARE SURROGATE'S OWN WORDS)?

I would like assistance regarding advance directives.

IF NO COPY, WHO IS THE AGENT?



Conditions of Admission Form

FORM # ADHE 72 Revised 01/2016

VASQUEZ, ANA

SEX: FEMALE AGE:38

MRN: 266686

DR. NOYES

page 1 of 2

VISIT ID: 238434 DOB: 08/01/1983

DOS: 11/10/2021

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 27 of 144 PageID 37

CONSENT TO USE AND DISCLOSE INFORMATION

In accordance with the Health Insurance Portability and Accountability Act and the privacy regulation promulgated there under, I hereby agree and consent to the use and disclosure of my health information for the purposes of treatment, payment, and healthcare operations. I understand that as part of my healthcare, this hospital originates and maintains health records describing my health history, symptoms, examinations, test results, diagnosis, treatment, and any plans for further care or treatment. The health records will be retained for a period of 10 years beyond the most recent date of service. I understand that this information serves as:

A.V

PATIENT'S INITIALS

- 1. A basis for planning my care and treatment;
- 2. A means of communication among the many health professionals who contribute to my care:
- 3. A source of information for applying my diagnosis and surgical information to my bill;
- A means by which a third party payor can verify that services billed were actually provided and may be used as a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided with a Notice of Privacy Practices, which provides a more complete description of protected health information, its uses and appropriate disclosures. I understand that I have the right to review the notice prior to signing this consent.

I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations, and that the hospital is not required to agree to the restrictions requested.

I understand and consent that records generated as a result of my healthcare treatment and/or admission to the Hospital for treatment, or for one whom the undersigned has legal responsibility or authority to execute this consent form for, or by a third party payor who may provide payments to the Hospital for charges incurred for the services rendered to me, I expressly authorize the Hospital to release such records to such payor or to any person or organization authorized by law to review these records for any lawful purpose.

I realize that during the course of my care at the Hospital, or my follow-up, it may be necessary for the Hospital, or my attending physician(s), to make available to other healthcare providers including referring facilities and physicians, copies of my medical record(s) or information relating to my care.

PERSONAL VALUABLES

It is understood and agreed that the Hospital is not responsible for the safe keeping of money and valuables. I have been encouraged to send all money and valuables home with family or trusted friends. The Hospital is not liable for the loss or damage to any money, jewelry, or other articles of value.

PATIENT'S INITIALS

17.1

ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

I have received the following information:

- 1. Patient's Rights and Responsibilities
- 2. Notice of Privacy Practices

PATIENT'S INITIALS

rt V

ACKNOWLEDGEMENT AND RECEIPT OF SIGNATURES

The undersigned certifies that I have read the foregoing, and I have, or my duly authorized agent, accepts the above terms and I am executing this document. All Guarantors certify that they have read the foregoing and accepted its terms.

PATIENT OR LEGAL REPRESENTATIVE SIGNATURE

RELATIONSHIP TO PATIENT

Self WITNESS SIGNATURE 11/10/2021 @ 05:50 PM

WITNESS PRINTED NAME

LOUIS KARUNAKARAN

11/10/2021 @ 05-50 PN



Conditions of Admission Form

FORM # ADHE 72 Revised 01/2016

VASQUEZ, ANA

SEX: FEMALE AGE:38

MRN: 266686

DR. NOYES

page 2 of 2

VISIT ID: 238434 DOB: 08/01/1983

DOS: 11/10/2021

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

ED Provider Assessment

Date: 11/10/2021 17:50

First Contact with Patient

17:45, 11-10-2021

Chief Complaint

lower back and neck pain

HPI

Patient had a MVA on 10-23-21. Now comes in for a follow up ER visit because of worsening pain in the neck and back, the upper extremities do not have radicular symptoms but the lower extremities are suspicious for some changes. She has pain going down to the knees bilaterally but not the feet. Denies any weakness in the feet or legs. No bladder or bowel changes.

Problems

No known problems

Home Medications

None Recorded **Allergies**

NKDA

Surgical History

right wrist surgery

Social History

Diet and Exercise

What type of diet are you following?: Regular What is your exercise level?: Occasional

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you blind or do you have difficulty seeing?: No

Are you deaf or do you have serious difficulty hearing? : No

Do you have difficulty concentrating, remembering or making decisions?: No Do you have difficulty walking or climbing stairs?: No Do you have difficulty dressing or bathing?: No

Do you have difficulty doing errands alone?: No Which of your hands is dominant?: Right

Public Health and Travel

Have you been to an area known to be high risk for COVID-19?: No

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No

Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What is your level of alcohol consumption?: None Do you use any illicit or recreational drugs?: No What is your level of caffeine consumption?: None

Marriage and Sexuality

What is your relationship status?: Married

Are you sexually active?: Yes

Do you use protection during sex?: No

Home and Environment

Have there been any changes to your family or social situation?: No

What type of child care do you use?: None

Do you have any pets?: No

Do you have smoke and carbon monoxide detectors in your home?: No

Are you passively exposed to smoke?: No

Are there any guns present in your home?: No

What is the fluoride status of your home?: Non-fluoridated

Do you use insect repellent routinely?: No

Do you use sunscreen routinely?: No

Advanced Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 29 of 144 PageID 39

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Not at all

Do you wear a helmet when biking?: No

Do you use your seat belt or car seat routinely?: No

COVID 19 Vaccine

Has the patient completed the COVID-19 vaccine series? If yes, please note date series was completed.: No

Has the patient received the COVID-19 Vaccine?: No

Does the patient wish to receive the COVID-19 vaccine prior to discharge?: No

Inpatient - Always Shown VTE SCREENING COMPLETE: No Gender Identity and LGBTQ Identity

First name used: ANA

Family History

Father

- No current problems or disability

Mother

- No current problems or disability

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 38-year-old female.

Patient is a well nourished WD female, appears stiff and ambulates slowly, appears in pain. Neck is tender diffusely and over the midline, limited ROM, she has good strength in the upper extremities. Lumbar back is tender over the midline, has limited ROM and good strength in both lower extremities. Slump test is positive on the right for pain in the thigh, back and neck.

Vitals

Intake & Output 24 Hour Total

Intake

0.0mL

Output

0.0mL

Net Balance OmL

More recent vital readings have been recorded

ED Course

None recorded

Medical Decision Making

Patient still has ongoing pain, is worsening in the back with pain into the lower extremities, R>L. Will order MRI as OP of cervical and lumbar spine. Administered Toradol 60 mg IM, start on naprosyn 500 mg and cyclobenzaprine 10 mg TID. She may benefit from a PMR physician and will work on a referral. I do not see weakness that would necessitate an MRI tonight. Patient was given a prescription for her medications tonight.

Diagnoses

- low back strain Onset: 10/23/2021
- strain of neck muscle Onset: 10/23/2021

Created by

17:50, 11-10-

Michael Noyes,

2021

Signed by Michael Noves. 19:01, 11-10-

MD

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

ED Triage Notes

Chief Complaint

lower back and neck pain

Acuity

2 (Emergent)

Vitals

Vital	Most Recent	Time	1 Hour Range
Oxygen saturation	100 %	11-10-2021 18:35	

Respiratory rate 20 11-10-2021 18:35 20 - 20

Blood pressure 116 / 85 supine upper arm - right 11-10-2021 18:35 116/85 - 116/85

Heart rate 81 bpm cardiac monitor 11-10-2021 18:35 81 bpm - 81 bpm

Temperature 98.6 °F oral (37 C) 11-10-2021 18:35 98.6 °F (37 C) - 98.6 °F (37 C)

Pain level 8 11-10-2021 18:35 8-8

Intake & Output 24 Hour Total

Intake 0.0mL

Output 0.0mL

Net Balance OmL

Oxygen at arrival: Y

Home Medications

None Recorded Allergies

NKDA

Created by 18:34, 11-10-Louis Karunakaran2021

Signed by 18:37, 11-10-Louis Karunakaran2021 Advanced Decase 1:22 cv 00159 Hr Document 1-3 Filed 1:0/24/22 Page 31 of 144 PageID 41

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Vitals

/ital	Most Recent	Time	2 Hour Range
Oxygen saturatio	on 100 %	11-10-2021 18:35	100 % - 100 %
Respiratory rate	20	11-10-2021 18:35	20 - 20
Blood pressure	116 / 85 supine upper arm - right	11-10-2021 18:35	116/85 - 116/85
Heart rate	81 bpm cardiac monitor	11-10-2021 18:35	81 bpm - 81 bpm
Temperature	98.6 °F oral (37 C)	11-10-2021 18:35	98.6 °F (37 C) - 98.6 °F (37 C)
Pain level	8	11-10-2021 18:35	8-8
ntake & Output 24 H	four Total		
Intake 0.0)mL		
Output 0.0	lmL		
Net Balance Om	L		

Created by 18:48, 11-10-Louis Karunakaran2021

Signed by 18:56, 11-10-Louis Karunakaran2021 VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

ED Nursing Initial Assessment Notes

Nursing Assessment

ED-MVC

HISTORIAN: patient ARRIVAL MODE car

INJURIES / AREA OF PAIN pain in the neck, lower back, knee, left elbow

FUNCTIONAL / NUTRITIONAL ASSESSMENT independent ADL

NEURO normal/no deficits CVS normal/no deficits

HEAD / FACE normal/no deficits NECK / BACK neck and back CHEST normal/no deficits RESPIRATORY normal/no deficits

ABDOMEN normal/no deficits PELVIS / GU normal/no deficits

Problems

No known problems

Surgical History

right wrist surgery

Vaccines

tetanus <5 years

Family History

Father

- No current problems or disability

Mother

No current problems or disability

Social History

Public Health and Travel

Have you been to an area known to be high risk for COVID-19?: No

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No

Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What is your level of alcohol consumption?: None Do you use any illicit or recreational drugs?: No What is your level of caffeine consumption?: None

Marriage and Sexuality

What is your relationship status?: Married

Are you sexually active?: Yes

Do you use protection during sex?: No

Home and Environment

Have there been any changes to your family or social situation?: No

What type of child care do you use?: None

Do you have any pets?: No

Do you have smoke and carbon monoxide detectors in your home?: No

Are you passively exposed to smoke?: No

Are there any guns present in your home?: No

What is the fluoride status of your home?: Non-fluoridated

Do you use insect repellent routinely?: No

Do you use sunscreen routinely?: No

Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Not at all

Do you wear a helmet when biking?: No

Do you use your seat belt or car seat routinely?: No

COVID 19 Vaccine

Has the patient completed the COVID-19 vaccine series? If yes, please note date series was completed.: No

Has the patient received the COVID-19 Vaccine?: No

Does the patient wish to receive the COVID-19 vaccine prior to discharge?: No

Inpatient - Always Shown

VTE SCREENING COMPLETE: No Gender Identity and LGBTQ Identity

First name used: ANA

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Nursing Notes

Date: 11/10/2021 17:45 to 11/10/2021 18:45

 Louis Karunakaran 18:40, 11-10-2021

pt walked out of the ED and sitting in the lobby waiting for ride.

 Louis Karunakaran 18:30, 11-10-2021

Dr. Noyes went to the pt room, discharge information given, education and instructions given language interperator used 1088859

 Louis Karunakaran 18:20, 11-10-2021

pt pain medication given by Patrick RN.

Louis Karunakaran

18:00, 11-10-2021

Dr. noyes went to see the pt.

 Louis Karunakaran 17:48, 11-10-2021 Seat on, no air bags no loc.

Louis Karunakaran 17:47, 11-10-2021

pt ambulated to the ED from MVA on the 10/23/2021, which she already has came in ED in which she is still in pain (pain score 8), vital signs which in normal limits, infromed Dr. Noyes.

Created by 18:34, 11-10-Louis Karunakaran2021

Signed by 18:48, 11-10-Louis Karunakaran2021

Advanced D Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 34 of 144 PageID 44

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Orders

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802 (469) 221-6000

VASQUEZ FLORES, Ana 38yo F | 08-01-1983 | patient id: #266686 | stay id: #134987 | chart id: #170625

Medication Order

Date Ordered: 11/10/2021 18:27:21

Order Ketorolac IM 60 mg once now CPOE order by Michael Noyes, MD

Entered by mnoyes1 2021-11-10 18:27 Signed by mnoyes1 2021-11-10 18:27 Acknowledged by Ikarunakaran 2021-11-10 18:34 Printed: 06/16/2022 23:33:29 by VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Medication Administration Record

Medication Administration Record for 11-10-2021

Exported at 06-16-2022 23:33 by khensley27

Medications

Dispensable(s)

ketorolac IM 60 mg once

ketorolac 60 mg/2 mL intramuscular solution 18:3

Ordered start 11-10-2021 18:27 now Ordered stop 11-10-2021 19:27

CPOE order by Michael Noyes, MD

Verified by skulik4

11-10-2021

18:35 Administered 60 mg by ptiemeyer1

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Patient Discharge Instructions

Date: 11/10/2021 17:45 to 11/10/2021 18:45

Patient Discharge Instructions

AD Hospital East, LLC 7502 Greenville Avenue, DALLAS, TX 75231-3802 Phone: (469) 221-6000 | Fax: (713) 383-4446

Name

Ana Emperatriz Vasquez Flores

DOB

08-01-1983

Home Phone (469) 671-1659

1D 266686

Dear Ana Emperatriz Vasquez Flores,

Below is a summary of your hospital visit. If you have any questions about the care you received, please call AD Hospital East, LLC at (469) 221-6000.

Your Visit Details

Admitted On: None recorded

Admit Attending: None recorded

Admitted For: None recorded

Discharged On: 18:45, 11-10-

2021

Discharge Attending:

Michael Brent Noyes,

MD

Discharged With:

strain of neck muscle; low back strain

Discharge Instructions
Patient Instructions

Advanced DaCase 1:22-cv-00159-He-Document 1-3: Filed 10/24/22 Page 37 of 144 PageID 47

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Prescription for Naprosyn 500 mg twice a day for pain, and flexeril 10 mg as needed three times a day for spasm. PT referral, MRI of cervical spine and of Lumbar spine.

Entered by 18:30, 11-10-Michael Noyes, 2021

Medications

*Medication reconciliation did not occur, please consult your PCP for further information.

Medications listed under start are new medications you are being given.

Start These Medications

No medications need to be started at this time.

Education

Refer to the following educational materials for more information about your diagnoses, medications, and other important information:

- CóMO volver a la normalidad después de un dolor en la parte baja de la espalda: instrucciones de cuidado - [getting back to normal after low back pain: care instructions]
- dolor en la parte baja de la espalda (lumbalgia): ejercicios [low back pain: exercises]
- · neck strain or sprain: rehab exercises

Patient's Date Signature

Nurse's Date Signature



Patie nt 1	Registration
CURRENT PATIENT INFORMATION PLEASE PRINT	Guaranter Information (to
Last Name: vasquez flores	Name: ANA EMPERATRIZ VASQUEZ FLORES
First Name: ANA	Address: 5845 RANCHO DR
Middle Name: EMPERATRIZ	QUINLAN, TX 75474-3205
Address: 5845 rancho dr	
City: QuinLan State: TX	Date of Birth: 08/01/1983
Zip: 75474-3205	Social Security No.:
Home Phone: (469) 671-1659	Phone:() -
Work Phone:	Emergency Contact Information
Mobile Phone:(469) 671-1659	Name: DANIEL FLORES
Sex: F	Relationship:spouse
Date of Birth: 08/01/1983 38yo	Phone: (214) 573-3637
Social Security No.:	110110. (214) 3/3-383/
Patient email:	
Required by government mandate [although you	
may refuse]	Employer information
Language: spanish	Employer:
Race: white	Address:
Ethnicity: Hispanic or Latino/Spanish	Phone:
Marital Status:	rnone.
Hospital Visit Information	
Visit ID: 234617	Admitting Provider: BURKETT, JOSEPH
Check In Date: 10/23/2021 19:55	Attending Provider: Burkett_Joseph
Discharge Date: 10/23/202123:25	Referring Provider:
Admission Type: Emergency	Operating Provider:
Discharge Status: Discharged to home or self care	Level of Care:
routine discharge) Primary Insurance Information	Service and American Control of the
Visit Insurance: sp 1127 [637762] 10/23/2021	Secondary Insurance Information
nsurance Plan Name:	Incurrence Disa No.
_ast Name:	Insurance Plan Name:
First Name:	Last Name:
Middle Name:	First Name.:
nsurance ID/Cert #:	Middle Name:
Group/Policy #:	Insurance ID/Cert #:
Date of Birth: Sex (please circle): Mor F	Group/Policy#:
Employer Name:	Date of Birth: Sex (please circle): M or F
Patient's relationship to policy holder:	Employer Name:
Case Policy:	Patient's relationship to policy holder:
saco i olicy.	
o the best of my knowledge the above infor	mation is complete and accurate.
Signed .	
	Date

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 39 of 144 PageID 49



EL FORMULARIO DE REGISTF

VASQUEZ, ANA

MRN: 266686 DR. BURKETT

SEX: FEMALE AGE:38 VISIT ID: 234617 DOB: 08/01/1983

DOS: 10/23/2021

INFORMACIÓN DEL PACIENTE	
Nombre del paciente: Ana E. Vasquez Flores	
Sex: M MF Fecha de nacimiento: 08 / 01 / 1983	Número de Seguridad Social:
<u>CONTACT</u> .	
Dirección postal: 5845 rancho de Ciudad:	Quinlan Estado: +x Condado: 7547
Casa Ph: Ph de trabajo:	DE 4 1 - 51 1 - 11 CO - C 3 1 1 C 5 O
Correo electrónico: diamante 0801 @ gmail. com	
Estado civil: (circle one): (Casado) Soltero	Viudo Divorciado
Contacto de Emergencia: Daniel Flores Télefono:	214-573-3637 Relación: PSPOSO
EMPLEO DEL PACIENTE	A CONTRACTOR OF THE PROPERTY O
Empleador: presstancional landscappelefono:	Status: □ FT □ PT □ Jubilado □ Otro
Dirección postal Ciudad:Ciudad:	15 Estado: Código postal:
INFORMACIÓN DEL SEGURO	
Seguro primario:	
Nombre del asegurado:	
Dirección postal Ciudad:	Estado: Código postal:
ID #: Política #:	Grupo #:
Seguro secundario:	Télefong.
Nombre del asegurado:	
Dirección postal Ciudad:	
	Grupo #:
PREGUNTAS ADICIONALES.	
¿Son los servicios para prestados a consecuencia de lesiones en el traba En caso afirmativo, ¿cuál fue la fecha del accidente?	io? □ Sí ▼No
Qué tipo de lesión resultó en el accidente? <u>dolo r de espol</u>	da y cuello, sabeza
Son servicios que procesa el resultado de un accidente de auto?	DXSI DNo
En caso afirmativo, ¿cuál fue la fecha del accidente? 10/23/202	Nombre de seguro de auto:
2112	ppell
POR FAVOR NO OLVIDE TRAER SU TARJETA DE SEGURO(S) Y UNA ID	ENTIFICACIÓN CON FOTOGRAFÍA A LA INSTALACIÓN.

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 4 Page 40 of 144 PageID 50

SEX: FEMALE AGE:38 VISIT ID: 234617

MRN: 266686 DR. BURKETT

DOB: 08/01/1983 DOS: 10/23/2021

CONDICIONES DE INGRESO

Las iniciales indican que yo o mi representante personal hemos leido y conocemos la siguiente información:

CONSENTIMIENTO AL TRATAMIENTO	
Ingreso a Advanced Dallas Hospital & Clinics, LLC (ADHC) para recibir tratamiento y atención medica durante mi internación o como paciente ambulatorio y doy mi consentimiento en forma voluntaria a dicha atención medica, incluyendo procedimientos y tratamiento medicos, que me brindaran agentes autorizados y empleados del hospital, personal medico u otras personas designadas, segun sea necesario o beneficioso para mi atención medica. Entiendo que tal vez se incluyan examenes para detectar enfermedades infectocontagiosas tales como el Virus de Inmunodeficiencia Humana (VIH). Este consentimiento es valido mientras este internado a menos que yo lo retire por escrito. Acepto que no me han ofrecido ninguna garantia sobre el efecto de tal atención medica o tratamiento de mi enfermedad.	A. V_ (Iniciales)
FACTURACION DE LOS MÉDICOS	1
Los médicos que le atiendan durante este encuentro, incluyendo radiólogos, patólogos, anestesiólogos, cirujanos, médicos de urgencia, y otros profesionales independientes, le facturarán de forma independiente del hospital por sus servicios.	(Iniciales)
RECONOCIMIENTO DE INSTRUCCIONES ANTICIPADAS	X = 31. J. J. J. J. F.
1. Recibi materiales escritos sobre mi derecho a aceptar o rechazar tratamiento medico. 2. Recibi información sobre mis derechos de formular instrucciones anticipadas. 3. Entiendo que no necesito tener instrucciones anticipadas para recibir tratamiento medico. He ejecutado instrucción anticipada. Si No Entregue una copia de las instrucciones anticipadas al ingresar al hospital. Si No Entiendo que esmiresponsabilidad de proveer al hospital con una copia de mi directive anticipada, y entender que hasta que proporciono ests document, el hospital no puede ser capaz de cumplir mis deseos Si No Si no entrega una copia, cuál es la intención del paciente (utilizar las propias palabras de sustitutos de la salud del paciente o de)?	A .V (Iniciales)
Quisiera recibir ayuda sobre las Instrucciones anticipadas. 🖂 Si No 🗆 Si no entrega una copia, quien es el agente?	
CONSENTIMIENTO PARA USAR Y REVELAR INFORMACION (continua en página siguiente)	or Degale

Conforme a la Ley de responsabilidad y transferencia de seguro medico y la regulación de privacidad promulgada bajo dicha ley, por el presente acepto el uso y divulgación de mi información de salud para el tratamiento, pago y operaciones relacionadas con la salud. Entiendo que como parte de mi atención medica, esta organización crea y mantiene registros medicos que contienen mi historia clinica, sintomas, resultados de examenes y analisis, diagnóstico, tratamiento y todo plan para atención y tratamientos futuros. Los registros medicos se guardan por 10 afios desde la fecha de atención mas reciente. Entiendo que esta información sirve como:

- 1. Base para planear mi atención medica y tratamiento
- 2. Medio de comunicación entre los diferentes profesionales de la salud que me brindan atención medica
- 3. Fuente de información para aplicar la información de diagnóstico y cirugia a mi facture

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22



Page 41 of 144 PageID 51

SEX: FEMALE AGE:38 VISIT ID: 234617 MRN: 266686 DOB: 08/01/1983 DR.

BURKETT DOS: 10/23/2021

 Medio por el cual un tercero responsable de los pagos puede verificar que realmente se proporcionaron los servicios facturados y herramienta para operaciones medicas de rutina tales como evaluar calidad y verificar la capacidad de los profesionales de la salud.

Entiendo y recibi un Aviso sobre prácticas de privacidad que provee una descripción mas completa de la información de salud protegida, sus usos y divulgaciones apropiadas. Entiendo que tengo derecho a leer el aviso antes de firmar este consentimiento. Entiendo que tengo derecho a objetar el uso de mi información medica para fines de directorio. Entiendo que tengo derecho a solicitar restricciones en el uso o revelación de mi información medica para realizar tratamientos, pagos u operaciones medicas y que el hospital no esta obligado a estar de acuerdo con las restricciones solicitadas. Entiendo y acepto que los registros generados como resultado de mi tratamiento medico y/o ingreso al hospital para recibir tratamiento o para alguien ante quien el abajo firmante sea responsable legalmente o tenga autoridad de ejecutar este formulario de consentimiento o un tercero responsable de los pagos que puede pagar al hospital mediante un los gastos correspondientes a los servicios prestados, y autorizo expresamente al hospital a entregar dichos registros a tal persona u organización responsable de los pagos o a cualquier persona u organización autorizada por la ley a revisar los registros con fines legales. Entiendo que durante mi intemación en el hospital, o mientras reciba atención despues de mi intemación, puede ser necesario que el hospital o el medico o medicos tratantes entreguen copias de mi historia clinica o información relacionada con mi atención a otros profesionales de la salud, incluyendo centros de salud y medicos a los que me deriven.

(Iniciates)

ARTICULOS PERSONALES DE VALOR

Se entiende y acuerda que el hospital no es responsable de la seguridad del dinero ni los artículos de valor. Me han recomendado dejar todo mi dinero y artículos de valor en mi casa o entregarselos a mis familiares o amigos. El hospital no sera responsable de la perdida ni dafios al dinero, joyas u otros artículos de valor.

(Iniciales)

CONOCIMIENTO DE RECIBO DE INFORMACION

He recibido la siguiente información:

- 1. Derechos y Responsabilidades de Pacientes
- 2. Aviso de Practicas de Privacidad

(Iniciales)

CONOCIMIENTO DE RECIBO DE FIRMAS

Yo, el abajo firmante certifico que he leido lo anterior, y que soy el paciente o su agente debidamente autorizado, acepto los terminos anteriores y ejecuto este documento. Todos los garantes certifican que han leido lo anterior y aceptan sus terminos.

(Iniciales)

Firma del paciente/representante personal: Fecha: 10/23/21 Hora: 8:00

Relacion con el paciente: Fecha: Hora: 10/23/21 Hora: 8:00

Firma del testigo: Fecha: Hora: 10/23/21 Hora: 8:00

HIM-1028



VASQUEZ, ANA

SEX: FEMALE AGE:38 VISIT ID: 234617

MRN: 266686 DR. BURKETT

DOB: 08/01/1983 DOS: 10/23/2021

DIVULGACIÓN DE INFORMACIÓN MÉDICA

Nombre:	Ana	€.	Vagavez	Flore	Fecha de nacimiento:	08/01	11988	
			- V COST			00,0,		

Además, se le dará la oportunidad de especificar qué información, si la hay, le gustaría tener restringida de liberación. Estos son dos elementos diferentes de información que deberá proporcionar con respecto a su información de salud protegida. Por favor, considere ambas solicitudes como información extremadamente importante que debe restringirse.

Usted puede cambiar cualquiera de estas solicitudes verbalmente o por escrito en cualquier momento, haciéndole saber a su proveedor de atención médica (enfermera del médico) que desea hacer un cambio.

Al completar y firmar este formulario, usted ha indicado que está permitiendo que ADHC y los médicos involucrados en su atención se comuniquen según las indicaciones anteriores.

Nombre	Relación	Número de teléfono
Daniel Flores	Esposo	214-573-3637

Además, se le dará la oportunidad de especificar qué información, si la hay, le gustaría tener restringida de divulgación. Estos son dos elementos diferentes de información que deberá proporcionar con respecto a su información de salud protegida. Por favor, considere ambas solicitudes como información extremadamente importante que debe restringirse.

Usted puede cambiar cualquiera de estas solicitudes verbalmente o por escrito en cualquier momento, haciéndole saber a su proveedor de atención médica (enfermera del médico) que desea hacer un cambio.

Al completar y firmar este formulario, usted ha indicado que está permitiendo que ADHC y los médicos involucrados en su atención se comuniquen según las indicaciones anteriores.

- 101	
Firma del paciente:	Fecha: 10/23/21
	1 1 1 2 1 2

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22

Page 43 of 144 PageID SEX: FEMALE AGE:38 VIST

MRN: 266686

DOB: 08/01/1983

DR. BURKETT

Número de Seguro Social:

DOS: 10/23/2021



DIVULGACIÓN DE INFORMACIÓN MÉDICA

Fecha de nacimiento: OP

-lores

Ciudad Quinlan	Estado 🕂 🗙	Código	postal 75474
Teléfono personal: 469-671-1659	Teléfono del trabajo:		electrónico: diamante0801@
Yo autorizo a AD Hospital Dsllas, LLC (ADHC) a	livulgar u obtener de mis registros		
The state of the s	an 1900 (190) (1900)(1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900)(1900 (190)(190)(1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900		mas abajo.
Nombre: Ana E. Vasque:	Flores	Número de teléfono: \	169-179-1991
Dirección 5845 rancho de	cludad Quinlan	Estado: $4x$	Código postal: 75474
Copia solicitada: 🗗 SI 🗆 No	•		
Registros de facturación	Estud	ios de laboratorio	
프 (min - Ning) - 구입 (min - 1 시간 :		eso Notes	
Historia y física	527 TT 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Historia y física Informe de Patología Reporta	Las Or	denes Médicas	
Historia y física	Las Or Consu		

Entiendo que cualquier información de la solicitada más arriba se puede referir a mi diagnóstico y tratamiento de trastornos psiquiátricos o psicológicos, abuso de alcohol / drogas (sustancias) y puede incluir registros que indiquen la presencia de enfermedades transmisibles o venéreas, incluyendo, entre otras, hepatitis, sífilis, gonorrea, Síndrome de Inmunodeficiencia Adquirida (SIDA) y Virus de la Inmunodeficiencia Humana (VIH).

Yo, el abajo firmante, entiendo que puedo revocar esta autorización en cualquier momento por escrito, excepto en la medida en que se haya tomado acción basándose en ella y que en cualquier caso esta autorización caducará en seis (6) meses a partir de cuando fue firmada a menos que se especifique lo contrario (Fecha en que se especifica lo contrario). Entiendo que la provisión de mi atención médica y el pago de mi atención médica no se verán afectados si no firmo este formulario. Una vez vencido, ADHE ya no podrá usar ni divulgar mi información para los propósitos indicados más arriba sin una nueva autorización. Todas las revocaciones serán enviadas a la atención del Oficial de Privacidad de la instalación y se harán efectivas una vez recibidas. Entiendo que la información que precede puede incluir registros y/o informes de otros proveedores de atención médica involucrados en mi atención o tratamiento. He leído esta autorización y entiendo qué se usará o divulgará, quién puede usar y divulgar la información y el(los) destinatario(s) de esa información.

NOTA AL PACIENTE: Si la IPS se divulga bajo su autorización a personas u organizaciones que no están sujetas a las leyes federales de privacidad, puede divulgarse nuevamente y dejar de estar protegida.

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 44 of 144 PageID 54

HIM-1028

A QUIEN RECIBA ESTA INFORMACIÓN: Esta información está siendo divulgada a usted de registros cuya confidencialidad puede estar protegida por leyes federales y/o estatales. De ser así, la Regla 42 CFR, Parte 2, prohíbe la divulgación adicional sin la autorización específica por escrito de la persona a quien pertenece, o de otra manera según lo permita dicho reglamento.

Paciente (o tutor legal/poder notarial) Aga & Vasquec	Fecha:	10/23	12021	
Firma del testigo	Fecha:	,	3/2021	



Al firmar mi firma a continuación, estoy declarando que mis respuestas a las siguientes preguntas son verdaderas; y también estoy declarando que entiendo que Advanced Dallas Hospital & Clinics, LLC (en adelante, "ADHC" o simplemente el "Hospital") confiará en mis respuestas. Por lo tanto, colocaré una marca en el cuadro junto a la respuesta correcta / verdadera a cada una de las siguientes preguntas.

1.	¿Es atril	la atención hospitalaria y el tratamiento que está buscando de ADHC, en este momento, para lesiones causadas por un accidente que se buye a la negligencia de otra persona? 👿 Sí 🔲 No
	A.	Si respondió "sí" a la pregunta 1, indique el nombre de la persona y / o empresa cuya negligencia causó su lesión:
	B. C.	Si respondió "sí" a la pregunta 1, indique la fecha en que se lesionó: 10/23/2021 Si respondió "sí", a la pregunta 1, indique la ubicación/dirección donde se lesionó: 240 divided de coppell
2.	¿Fue	admitido en algún hospital para el tratamiento de las lesiones de las que ahora está buscando tratamiento, dentro de las 72 horas (3 días) eriores al accidente que causó sus lesiones? Yes 52 No
3.	¿Ya I lesio	na estado hospitalizado en algún hospital más de 100 días, durante los cuales recibió atención hospitalaria y tratamiento de las mismas nes que sufrió en el accidente que se le preguntó en la Pregunta 1 anterior? 🔲 Yes 🕒 No
4.	¿Es l	a atención hospitalaria y el tratamiento que está buscando de ADHC, en este momento, por sus lesiones que sufrió durante un accidente que rió mientras estaba en el trabajo? Yes No
	A.	Si respondió "sí" a la pregunta 4, en el momento en que se lesionó en el accidente relazionado con el trabajo, ¿su empleador era el gobierno federal o alguna agencia, departamento o rama del gobierno federal 🗆 Yes
	В.	Si respondió "sí" a la pregunta 4, en el momento en que se lesionó en el accidente relacionado con el trabajo, ¿su empleador estaba suscrito a una póliza de Seguro de Compensación al Trabajador? 🔲 Yes 🔲 No
	C.	Si respondió "sí" a la pregunta 4, en el momento en que se lesionó en el accidente relacionado con el trabajo, ¿ocurrió su lesión en las aguas navegables de los Estados Unidos (incluidos cualquier muelle contiguo, muelle, dique seco, terminal, camino de construcción, ferrocarril marítimo u otra área contigua utilizada habitualmente por un empleador en la carga, descarga, reparación, desmantelamiento o construcción de un buque)?
	D.	Si respondió "sí" a la pregunta 4, en el momento en que se lesionó en el accidente relacionado con el trabajo, ¿su empleador era propietario u operador de una compañía ferroviaria? □ Yes □ No
l firmar eracidad	a cont I de ca	inuación, prometo que he dado respuestas veraces a las preguntas; y también estoy reconociendo que es razonable que ADHC confíe en la da una de mis respuestas.
or:	-	Fecha: 10/23/2021
		odel paciente: Ana E. Vasquez Flores.
omicilio	del pa	ciente: 5845 rancho dr quinlan +x 75474
	COL	VASQUEZ, ANA SEX: FEMALE AGE:38 VISIT ID: 234617 MRN: 266686 DOB: 08/01/1983 DR. BURKETT DOS: 10/23/2021

Advanced D Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 46 of 144 PageID 56

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

ED Provider Assessment

First Contact with Patient

20:52, 10-23-2021

Chief Complaint

MVA

HPI

Pt is a 38 yo female sp mvc today. Pt was a restrained driver in an MVC this morning, was driving in a parking lot when a car backed into the side of her car. She reports having immediate diffuse pain. Pain worse in the head, posterior aspect of the neck, upper back, lower back, bilateral lower quadrants. No numbness or weakness but the back pain radiates around to the bilateral hips, no nausea or vomiting, no other associated symptoms.

Problems

No known problems

Home Medications

None Recorded Allergies

NKDA

Surgical History

right wrist surgery

Social History

Diet and Exercise

What type of diet are you following?: Regular

What is your exercise level?: Occasional

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you blind or do you have difficulty seeing?: No

Are you deaf or do you have serious difficulty hearing? : No

Do you have difficulty concentrating, remembering or making decisions?: No

Do you have difficulty walking or climbing stairs?: No

Do you have difficulty dressing or bathing?: No

Do you have difficulty doing errands alone?: No

Which of your hands is dominant?: Right

Public Health and Travel

Have you been to an area known to be high risk for COVID-19?: No

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No

Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: None

Marriage and Sexuality

What is your relationship status?: Married

Are you sexually active?: Yes

Do you use protection during sex?: No

Home and Environment

Have there been any changes to your family or social situation?: No

What type of child care do you use?: None

Do you have any pets?: No

Do you have smoke and carbon monoxide detectors in your home?: No

Are you passively exposed to smoke?: No

Are there any guns present in your home?: No

What is the fluoride status of your home?: Non-fluoridated

Do you use insect repellent routinely?: No

Do you use sunscreen routinely?: No

Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Not at all

Do you wear a helmet when biking?: No

Advanced Date 1:22 cv-00159-H Document 1-3 Filed 10/24/22 Page 47 of 144 PageID 57

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Do you use your seat belt or car seat routinely?: No

COVID 19 Vaccine

Has the patient completed the COVID-19 vaccine series? If yes, please note date series was completed.: No

Has the patient received the COVID-19 Vaccine?: No

Does the patient wish to receive the COVID-19 vaccine prior to discharge?: No

Inpatient - Always Shown

VTE SCREENING COMPLETE: No Gender Identity and LGBTQ Identity

First name used: ANA

Family History

Father

- No current problems or disability

Mother

- No current problems or disability

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 38-year-old female.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: conjunctiva clear left and right, no pallor left eye or right eye, no ptosis left eye or right eye, and non-injected left eye and non-inject right eye. Extraocular Movement: intact left eye and right eye. Lens: clear left eye, Sclerae: non-icteric: , Vision: peripheral vision grossly intact.

ENMT: Ears: no lesions on external left ear or external right ear, left external auditory canal clear and tympanic membrane clear, and right external auditory canal clear and tympanic membrane clear. Nose: no lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent. Oropharynx: no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Respiratory: Respiratory effort: unlabored respirations and no use of accessory muscles. Percussion: no dullness, flatness, or hyperresonance. RUL Auscultation: breath sounds normal and good air movement. RLL Auscultation: breath sounds normal and good air movement. LUL Auscultation: breath sounds normal and good air movement. LUL Auscultation: breath sounds normal and good air movement.

Gastrointestinal: Inspection and Palpation: LUQ soft, non-distended, and no tenderness; LLQ soft and non-distended; RUQ soft, non-distended, and no tenderness; RLQ soft and non-distended; and LLQ tenderness and RLQ tenderness.

Musculoskeletal:: Gait and Station: normal gait. Joints, Bones, and Muscles: normal movement of all extremities and no contractures; moderate ttp over the lower cervical paraspinal muscles bilaterally, moderate ttp over the mid thoracic paraspinal muscles, and moderate ttp over diffusely over the lumbar spine. Mild ttp over the lateral aspect of the bilateral hips. No other ttp over the extremities, Intact sensation and strength and pulses in all 4 ext...

Neurologic: Orientation: oriented to person, place, time and situation. Cranial Nerves: 2-12 grossly intact. Motor Strength and Tone: normal tone. Sensation: grossly intact; intact sensation to light touch and position sense in all 4 ext

Advanced Date 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 48 of 144 PageID 58

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Vital	Most Recent	Time	1 Hour Range
Oxygen saturation	99 % room air	10-23-2021 20:57	99 % - 99 %
Height	4 ft 11 in (149.86 cm)	10-23-2021 20:57	4 ft 11 in (149.86 cm) - 4 ft 11 in (149.86 cm)
ВМІ	31.331	10-23-2021 20:57	31.331 - 31.331
Weight	155 lbs 2 oz (70.36 kg)	10-23-2021 20:57	155 lbs 2 oz (70.36 kg) - 155 lbs 2 oz (70.36 kg)
Respiratory rate	18	10-23-2021 20:57	18 - 18
Blood pressure	110 / 87 (95) sitting upper arm - left adult	10-23-2021 20:57	110/87 - 110/87
Heart rate	93 bpm regular pulse oximeter	10-23-2021 20:57	93 bpm - 93 bpm
Temperature	98.6 °F oral (37 C)	10-23-2021 20:57	98.6 °F (37 C) - 98.6 °F (37 C)
Pain level	7 numeric	10-23-2021 20:57	7 - 7

Intake & Output 24 Hour Total

Intake

0.0mL

Output

0.0mL

Net Balance 0mL

More recent vital readings have been recorded

ED Course

Discussed with pt, no obvious serious injuries seen by radiology on cts and xrays. Also discussed limitations on sensitivity of these imaging techniques and that some serious injuries may be missed. She may need an MRI as an outpt, and to f/u with spine, ortho, and trauma team without fail. Pt acknowledged all of these things and agreed with plan.

10-24-2021 20:03

Medical Decision Making

None recorded

Diagnoses

- strain of back muscle Onset: 10/23/2021
- strain of neck muscle Onset: 10/23/2021
- vehicle accident Onset: 10/23/2021
- headache Onset: 10/23/2021

Signed by 20:03, 10-24-JOSEPH_BURKETT_MD2021 VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

ED Nursing Initial Assessment Notes

Nursing Assessment

ED Initial Nursing Assessment

Have you been physically hurt or threatened by someone close?no

Suicidal/Homicidal Thoughts no homicidal thoughts; no suicidal thoughts

Safety: remind to call for help to get up; call light within reach; bed locked and in low position; side rails up x 2; non skid

slippers on; ID band in place; ID band verified; head of bed elevated;; blanket provided

Mode of arrival: ambulated Accompanied by: spouse

Treatment prior to arrival: none Patient's condition condition:stable

Patient Denies: fever; feeling ill; fatigue; chills

Vaccine status: tetanus (enter date if known); within 5 yrs

Behavioral History tobacco use denies; alcohol use denies; illicit drug us denies

Code Status Code Status Full Code; Living Will No

Grips: equal bilaterally

Facial symmetry: appears normal; tongue midline

Babinski: negative

Pupils: Left Eye Dilated: left pupil size mm; left pupil round and reactive to light; Undilated: left pupil size mm

Pupils: Right Eye Dilated: right pupil size mm; right pupil round and reactive to light; Undilated: right pupil size mm

Patient denies: weakness; blurred vision; dizziness; difficulty swallowing; paresthesias; numbness; headache; photophobia;

ENT Assessment no deficits noted

Vision Assessment (normal) distance acuity: left, uncorrected: 20/: less than 20/200; (normal) distance acuity: right,

uncorrected: 20/: less than 20/200

Patient Denies: blurred vision; decreased hearing; difficulty swallowing; nasal congestion; nasal discharge; pain; photophobia;

eyes clear; no discharge; no itching

ears clear; hearing intact

nose nares patent

mouth/throat no throat redness, swelling

Shortness of breath none

Cough none Air hunger none

Labored breathing none

Pain with respiration none

Pain with movement none

Patient denies cough; shortness of breath; labored breathing; pain with respiration; pain with cough; pain with movement; air hunger

respiratory RUL: clear; RLL: clear; LUL: clear; LLL: clear

cardiovascular capillary refill less than or equal to 3 seconds; pulse regular rate; pulse regular rhythm; peripheral pulses

palpable (PPP); skin warm and dry Cardiac Rhythm normal sinus rhythm

JVD absent

Bruits absent

Cardiac rub absent

Murmur absent

edema absent

Chest Pain - Severity none

Gastrointestinal Assessment no deficits noted

Bruits absent

Soft soft; x 4 quads

Non-Tender non-tender; x 4 quads

No deficits noted: no deficits noted

Genitalia normal appearance

Last void date:; time:; UA obtained in ED for HCG and Micro

Core assessment: WNL- no abnormal bleeding, no pain; normal bloody show

Patient Reports: Weakness: none

Patient Reports: Numbness in: left: ; right: ; bilateral: thighs

Patient Reports: Pain in: Pain scale: 7; duration: 1200; pain back of the neck, back of head, and lower back and bilateral

integumentary no bruising; skin appropriate color for race; skin intact; skin warm and dry

Pain radiating: notes: ; thighs to the knees

Associated symptoms: none

Current Management: Xrays ordere, lab drawn, urinalysis

Unable to use pain scale: other: N/A

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 50 of 144 PageID 60

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Problems

No known problems

Surgical History

right wrist surgery

Vaccines

tetanus <5 years

Family History

Father

- No current problems or disability

Mother

- No current problems or disability

Social History

Diet and Exercise

What type of diet are you following?: Regular What is your exercise level?: Occasional

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you blind or do you have difficulty seeing?: No

Are you deaf or do you have serious difficulty hearing? : No

Do you have difficulty concentrating, remembering or making decisions?: No

Do you have difficulty walking or climbing stairs?: No

Do you have difficulty dressing or bathing?: No

Do you have difficulty doing errands alone?: No

Which of your hands is dominant?: Right

Public Health and Travel

Have you been to an area known to be high risk for COVID-19?: No

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No

Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: None

Home and Environment

Have there been any changes to your family or social situation?: No

What type of child care do you use?: None

Do you have any pets?: No

Do you have smoke and carbon monoxide detectors in your home?: No

Are you passively exposed to smoke?: No

Are there any guns present in your home?: No

What is the fluoride status of your home?: Non-fluoridated

Do you use insect repellent routinely?: No

Do you use sunscreen routinely?: No

Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Not at all

Do you wear a helmet when biking?: No

Do you use your seat belt or car seat routinely?: No

COVID 19 Vaccine

Has the patient completed the COVID-19 vaccine series? If yes, please note date series was completed.: No

Has the patient received the COVID-19 Vaccine?: No

Does the patient wish to receive the COVID-19 vaccine prior to discharge?: No

Inpatient - Always Shown

VTE SCREENING COMPLETE: No Gender Identity and LGBTQ Identity

Signed by 21:26, 10-23-Angela

Ikeli

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

ED Triage Notes

Chief Complaint

MVA

Acuity

4 (Semi-Urgent)

Home Medications

None Recorded Allergies

NKDA

Nursing Assessment

spanish interpreter used for RN nursing assessments, patient complained of MVA on 10/23/21 around 12 noon. Patient rates pain 7/10. Patient complained pain at back of the head, back of the neck, lower back pain. Bilateral thigh pain that radiates to the knees. Patient denies feeling unconscious during the accident. Patient is alert and oriented X4, on room air, VSS, IV catheter in place and patient tolerated. Labs drawn and Xrays obtained. Patient states having hysterectomy about 4 year ago Safety maintained. No apparent distress. Spouse at bedside. Continue to monitor.

Created by 20:53, 10-23-Angela 2021 Ikeji

Signed by 22:37, 10-23-Angela 2021 Ikeji Advanced Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 52 of 144 PageID 62

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Shift Notes

Nursing Assessment

2110~Updated patient on plan of care , to include initiating IV access and drawing labs. Patient verbalized understanding of plan. LVN explained procedure for inserting IV. All of patients questions answered prior to IV insertion. All supplied gathered at bedside.Confirmed that patient has no limb restrictions. Identified vein for IV insertion. Applied tourniquet. Inserted 20 g IV into right AC. Blood return verified, labs drawn for CBC, BMP, CMP. 10 ml saline flush per protocol. IV flushed w/o resistance. Secured IV w/ plastic tape and IV dressing. Patient tolerated procedure well w/o adverse reaction.

Created by 21:59, 10-23-Burnett_Sonia_RN2021

Signed by 22:13, 10-23-Burnett Sonia RN2021 VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Nursing Notes

Date: 10/23/2021 19:55 to 10/23/2021 23:25

 Burnett_Sonia_RN 21:50, 10-23-2021

Pt returned from imaging via w/c, ambulated back to stretcher. SR up x 2, call light in reach. Pt's husband at bedside.

 Burnett_Sonia_RN 21:48, 10-23-2021

BMP lab results given to physician.

 Burnett_Sonia_RN 21:45, 10-23-2021

Per physician's orders, patient to undergo CXR/MRI. LVN explained plan of care to patient, answered all of patient's questions, patient verbalized understanding of POC. Pt able to ambulate to w/c w/o difficulty. Pt transported to imaging in w/c accompanied by Radiology tech.

 Burnett_Sonia_RN 21:41, 10-23-2021

Quest lab called for pickup for a stat CBC, CMP. Confirmation number 115348272.

 Burnett_Sonia_RN 21:40, 10-23-2021

BUN/CR results reported to MD and Radiology tech. (see lab results)

 Burnett_Sonia_RN 21:15, 10-23-2021

CBC, BMP, CMP labs labeled at pt bedside in front of pt. Placed iin biohazard bag and transported to lab. CMP spun down.

 Burnett_Sonia_RN 20:55, 10-23-2021

Pt given specimen cup for UA HCG and UA micro and directed to patient restroom. Specimen obtained and labeled in front of patient, placed in biohazard bag. Transported to lab and ran by Julian, LVN.

Angela İkeji
 20:30, 10-23-2021

Patient came to the ED by 20:30 with C/O MVA and back of the head pain, neck pain, lower back pain, and bilateral thigh pain radiating to the knees. Patient denies unconscious during the accident event. Patient states she was the driver and wearing seat belt and denies vehicle air bag deployment. Patient alert and oriented. on room air. ambulatory, Labs drawn per order. IV catheter in place and patient tolerated. Safety maintained. Will continue to monitor.

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Orders

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802(469) 221-6000

VASQUEZ FLORES, Ana

38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

Imaging Order

Date Ordered: 10/23/2021 20:50:21

Order CT head/brain wo/dye(70450) once pain after mvc Accession ID: 1905501NT13131 CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50 Signed by jburkett17 2021-10-23 20:50 Acknowledged by sburnett35 2021-10-23 21:02 Printed: 06/16/2022 23:09:58 by

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802 (469) 221-6000

VASQUEZ FLORES, Ana 38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

Imaging Order

Date Ordered: 10/23/2021 20:50:21

Order CT cervical spine wo/dye(72125) once pain after mvc now Accession ID: 1905515NT13131 CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50 Signed by jburkett17 2021-10-23 20:50 Acknowledged by sburnett35 2021-10-23 21:02 Printed: 06/16/2022 23:09:58 by

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802(469) 221-6000

VASQUEZ FLORES, Ana 38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

Imaging Order

Date Ordered: 10/23/2021 20:50:21

Order CT chest w/dye(71260) once pain after mvc now Accession ID: 1905499NT13131 CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50 Signed by jburkett17 2021-10-23 20:50 Acknowledged by sburnett35 2021-10-23 21:02 Printed: 06/16/2022 23:09:58 by

Advanced Date: 1:22-cV-00159-H Document 1-35 Filed 10/24/22 Page 55 of 144 PageID 65

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802 (469) 221-6000

VASQUEZ FLORES, Ana 38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

Imaging Order

Date Ordered: 10/23/2021 20:50:21

Order CT abdomen & pelvis W dye(74177) once pain after mvc

now Accession ID: 1905511NT13131 CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50 Signed by jburkett17 2021-10-23 20:50 Acknowledged by sburnett35 2021-10-23 21:02 Printed: 06/16/2022 23:09:58 by

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802(469) 221-6000

VASQUEZ FLORES, Ana 38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

Lab Order

Date Ordered: 10/23/2021 20:50:21

Order CBC once now Sample collected by nurse CPOE order by Joseph Burkett,

Entered by jburkett17 2021-10-23 20:50 Signed by jburkett17 2021-10-23 20:50 Acknowledged by sburnett35 2021-10-23 21:01 Printed: 06/16/2022 23:09:58 by

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802(469) 221-6000

VASQUEZ FLORES, Ana 38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

Lab Order

Date Ordered: 10/23/2021 20:50:21

Order BMP once now Sample collected by nurse CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50 Signed by jburkett17 2021-10-23 20:50 Acknowledged by sburnett35 2021-10-23 21:01

Printed: 06/16/2022 23:09:58 by

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802 (469) 221-6000

VASQUEZ FLORES, Ana 38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

Lab Order

Date Ordered: 10/23/2021 20:50:21

Order CMP once now Sample collected by nurse CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50 Signed by jburkett17 2021-10-23 20:50 Acknowledged by sburnett35 2021-10-23 21:01 Printed: 06/16/2022 23:09:58 by

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802(469) 221-6000

VASQUEZ FLORES, Ana 38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

Lab Order

Date Ordered: 10/23/2021 20:50:21

Order urinalysis W micro auto once now Sample collected by nurse CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50 Signed by jburkett17 2021-10-23 20:50 Acknowledged by sburnett35 2021-10-23 21:00 Printed: 06/16/2022 23:09:58 by Advanced Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 57 of 144 PageID 67

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802 (469) 221-6000

VASQUEZ FLORES, Ana 38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

Imaging Order

Date Ordered: 10/23/2021 20:50:21

Order xr hip 2+ vws right(73502) once pain after mvc now Accession ID: 1905514NT13131 CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50
Signed by jburkett17 2021-10-23 21:28
Acknowledged by sburnett35 2021-10-23 21:02
Discontinued by jburkett17 2021-10-23 21:28
Discontinued Reason: wrong order
Discontinue Signed by jburkett17 2021-10-23 21:28
Discontinue Acknowledged by sburnett35 2021-10-23 21:53

Printed: 06/16/2022 23:09:58 by

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802 (469) 221-6000

VASQUEZ FLORES, Ana 38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

Imaging Order

Date Ordered: 10/23/2021 20:50:21

Order xr hip 2+ vws left(73502) once pain after mvc now Accession ID: 1905521NT13131 CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50
Signed by jburkett17 2021-10-23 21:28
Acknowledged by sburnett35 2021-10-23 21:02
Discontinued by jburkett17 2021-10-23 21:28
Discontinued Reason: wrong order
Discontinue Signed by jburkett17 2021-10-23 21:28
Discontinue Acknowledged by sburnett35 2021-10-23 21:53
Printed: 06/16/2022 23:09:58 by

Advanced D Case 1:22-cV-00159-H Document 1-3: Filed 10/24/22 Page 58 of 144 PageID 68

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802 (469) 221-6000

VASQUEZ FLORES, Ana 38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

Nursing Order

Date Ordered: 10/23/2021 20:50:21

Order cervical spine precautions ongoing now CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:50 Signed by jburkett17 2021-10-23 20:50 Acknowledged by sburnett35 2021-10-23 21:01 Discontinued by ATHENA 2021-10-23 23:27 Discontinued Reason: Patient was discharged. Discontinue Signed by ATHENA 2021-11-24 03:09 Printed: 06/16/2022 23:09:58 by

TX - Advanced Diagnostics ADHC ED (department id: #144) 7502 Greenville Avenue DALLAS, TX 75231-3802 (469) 221-6000

VASQUEZ FLORES, Ana 38yo F | 08-01-1983 | patient id: #266686 | stay id: #133184 | chart id: #170625

Lab Order

Date Ordered: 10/23/2021 20:53:48

Order HCG qualitative, urine once now Sample collected by nurse CPOE order by Joseph Burkett, MD

Entered by jburkett17 2021-10-23 20:53 Signed by jburkett17 2021-10-23 20:53 Acknowledged by sburnett35 2021-10-23 21:00 Printed: 06/16/2022 23:09:58 by VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

Imaging Results

CT Abdomen & Pelvis W Dye(74177)

Result date	10/23/2021 21:52
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Abdomen & Pelvis W Dye(74177)

Observation	Interpretation
	CT of the abdomen and pelvis with contrast. Findings:

Advanced Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 60 of 144 PageID 70 VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983) CT Chest w/Dye(71260)

Result date	10/23/2021 21:52
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Chest w/Dye(71260)

	Interpretation
	CT of the chest with contrast. Findings: Post contrast helical images were obtained through the chest. Reformats were obtained in 2 planes. Total DLP is 1265.34. 95 cc of Omnipaque 300 was injected intravenously. The study was performed utilizing ALARA principles. Comparison: None. Clinical indication: Pain, MVC. Thyroid gland appears normal. Caliber of the aorta is normal. Heart size is normal. No pericardial or pleural effusions are noted. No gross adenopathy is seen. Trachea and airways are patent. No lung infiltrates or pneumothorax is seen. No evidence of hypersensitivity pneumonitis is evident. No mass lesion is evident. The visualized upper abdomen is grossly unremarkable. No suspicious bone lesion is seen. No fracture is noted.

Advanced D Case 1:22 cv-00159-H Document 1-3 Filed 10/24/22 Page 61 of 144 PageID 71 VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

CT Cervical Spine Wo/Dye(72125)

Result date	10/23/2021 21:35
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Cervical Spine Wo/Dye(72125)

	Interpretation
	CT of the cervical spine without contrast. Findings: Axial images obtained through the cervical spine without contrast. Reformats were obtained. Total DLP is 425.53. CT was performed observing ALARA principles. Clinical indication: MVC, pain. Slight reversal of the lordotic curve of the spine is seen. Height of vertebrae and disc spaces are maintained. No definite fracture is seen. Neural canal is intact. No arthritic changes are seen. Soft tissue grossly appear normal. Impression: No fracture or arthritic changes are seen. If patient's pain persist MRI should be obtained for greater sensitivity. ELECTRONICALLY SIGNED BY MATHUR CHAND on 10/23/2021 21:37:43

Advanced D Case 1:22-cV-00159-H Document 1-3 Filed 10/24/22 Page 62 of 144 PageID 72

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983) CT Head/Brain Wo/Dye(70450)

10/23/2021 21:33 unknown
unknown
Final
Physician Physician
CT Head/Brain Wo/Dye(70450)

C b p M T N	Interpretation
	CT of the head without contrast. Technique: Multiple axial sections were obtained from the skull base to the vertex. Reformats in 2 planes were obtained. CT was performed observing ALARA principles. The total DLP is 927.95. Comparison: None. Clinical indication: Headauhe, MVA. Findings: There is no mass effect, intracranial hemorrhage or extra-axial fluid collection. The ventricles and sulci appear normal. There is no evidence of acute infarction or focal lesion. No fracture is seen. Sinuses and mastoid air cells are clear. Impression: 1. No intracranial lesion is seen. ELECTRONICALLY SIGNED BY MATHUR CHAND on 10/23/2021 21:36:43

Patient Discharge Instructions

Date: 10/23/2021 19:55 to 10/23/2021 23:25

Patient Discharge Instructions

AD Hospital East, LLC

Advanced Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 64 of 144 PageID 74

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)

7502 Greenville Avenue, DALLAS, TX 75231-3802 Phone: (469) 221-6000 | Fax: (713) 383-4446

.

Name Ana Emperatriz Vasquez Flores

DOB 08-01-1983

Home Phone (469) 671-1659

ID 266686

Dear Ana Emperatriz Vasquez Flores,

Below is a summary of your hospital visit. If you have any questions about the care you received, please call AD Hospital East, LLC at (469) 221-6000.

Your Visit Details

Admitted On: None recorded

Admit Attending: None recorded

Admitted For: None recorded

Discharged On: 23:25, 10-23-

2021

Discharge Attending:

Joseph Burkett,

_MD

Discharged With:

headache; vehicle accident; strain of neck muscle; strain of back muscle

Discharge Instructions Patient Instructions

Please follow up with the trauma team and spine physicians without fail. Please return to the ER immediately if you have increased pain or any other new or concerning symptoms.

Entered by 23:00, 10-23-JOSEPH_BURKETT_MD2021

Medications

*Medication reconciliation did not occur, please consult your PCP for further information.

Medications listed under start are new medications you are being given.

Advanced D Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 65 of 144 PageID 75

VASQUEZ FLORES, Ana EMPERATRIZ (id #266686, dob: 08/01/1983)
Start These Medications

No medications need to be started at this time.

Education

Refer to the following educational materials for more information about your diagnoses, medications, and other important information:

back strain: care instructions
headache: care instructions
neck strain: care instructions

Patient's Signature

Date

Nurse's Signature

Date

AFFIDAVIT CONCERNING COST AND NECESSITY OF MEDICAL SERVICES PER §18.001 of the CIVIL PRACTICE AND REMEDIES CODE

THE STATE OF TEXAS

COUNTY OF DALLAS

RECORDS PERTAINING TO:

Ana E. Vasquez

Date of Birth: 8/01/1983

Dates of Service: 11 / 23 / 2021

BEFORE ME, the undersigned authority personally appeared <u>Uchenna Obiuku</u> who, being by me duly sworn, and deposed as follows:

My name is <u>Uchenna Obiuku</u>. I am of sound mind and capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the person who provided the service or the custodian of records for Ideal Pain & Injury. Attached to this affidavit are records that provide an itemized statement of the service and the charge for the service that Ideal Pain & Injury provided to the patient on the dates of service referenced above. The attached records are a part of this affidavit.

The attached records are kept by <u>Ideal Pain & Injury</u> in the regular course of business and it was the regular course of business of <u>Ideal Pain & Injury</u> for an employee or representative of <u>Ideal Pain & Injury</u>, with knowledge of the service provided, to make the record or to transmit information to be included in the record. The records were made in the regular course of business at or near the time or reasonably soon after the time the service was provided. The records are the original or a duplicate of the original.

The services provided were necessary and the amount charged for the services was reasonable at the time and place that the service was provided.

The total amount paid for the services was \$_0.00 and the amount currently unpaid but which Ideal Pain & Injury has a right to be paid after any adjustments or credits is \$ 11.436.50.

AFFIANT Signature:

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on the 4th

day of March, 2022.

Dayana Aivarez My Commission Expires Notary Public in and for the State of Texas

My commission Expires: 12/22/2024

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 67 of 144 PageID 77

13101 Preston Rd, Ste 480 Dallas, TX 75240

Phone: 972-863-9481 Fax: 972-863-9461

Superbill

Superbill Date: 03/04/2022

Service

11/23/2021 thru 2/18/2022

Patient Information

Ana Vasquez 5845 Rancho Dr Quinland, TX 75474 Payor Information

Account

4395

Insurance Phone:

Date of birth: 8/1/1983

Insured ID:

Employer:

Prestonwood Landscape

Insurance Policy Group: Insurance Plan Name:

Dis: (MS4.12) Radiculopathy, cervical reg. (MS4.16) Radiculopathy, lumbar reg. (S13.4XXA) Sprain of cervical ligits, initi. (S23.3XXA) Sprain of ligts of thoracic spine, (S33 5XXA) Sprain of lumbar ligts, initial, (S33.8XXA) Sprain of other parts of lumbar/pelvis. (M62.838) Other muscle spasm (MS0.9) Myosits, unspecified, (RS1) Headache

Date	Type	Code	Mod	Units	Description	Date of injury	POS	Tax	Amount
11/23/202	CSV	99203		1	NP Detailed 99203	10/23/2021	11	0.00	400.00
11/23/202	CSV	99000		1	Report I/D	10/23/2021	11	0.00	175.00
11/23/202	7.00	99070		1	Supplies & Materials provided by physician	10/23/2021		0.00	100.00
11/23/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	**	0.00	76.00
11/23/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	12	0.00	55.00
11/23/2021	CSV	97010		1	Hot/cold 97010	10/23/2021	11	0.00	54.00
11/23/2021	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rei) 97140	10/23/2021	11	0.00	85.00
11/23/2021	CSV	97035		1	Ultrasound 97035	10/23/2021	11	0.00	66.00
11/30/2021	CSV	99212		1	EP Problem Focused 99212	10/23/2021	11	0.00	225.00
11/30/2021	CSV	98941		1	Manipulation 3-4 Regions 98941	10/23/2021	11	0.00	97.50
11/30/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
11/30/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
11/30/2021	CSV	97010		1	Hot/cold 97010	10/23/2021	11	0.00	54.00
11/30/2021	CSV	97035		1	Ultrasound 97035	10/23/2021	21	0.00	66.00
12/01/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
12/01/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
12/01/2021	CSV	97010		1	Hot/cold 97010	10/23/2021	71	0.00	54.00
12/01/2021	CSV	97140		1.3	Manual Therapies (TrP Tx, Myof Ref)	10/23/2021	11	9.00	85.00
12/01/2021	CSV	97035			Illiana and Caron	10/23/2021	11	0.00	68.00

Printed:

3/4/2022 11:09:52 AM

Page 1 Of 7

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 68 of 144 PageID 78

13101 Preston Rd, Ste 480 Dallas, TX 75240

Phone: 972-863-9481 Fax: 972-863-9461

Superbill

Superbill Date: 03/04/2022

Service

11/23/2021 thru 2/18/2022

Patient Information

Ana Vasquez 5645 Rancho Dr Quinland, TX 75474 Payor Information

Account Date of hims

4395

Insurance Phone: Insured ID:

Date of birth: 8/1/1983 Employer: Prestorm

Prestonwood Landscape

Insurance Policy Group: Insurance Plan Name:

Dx: (M54.12) Radiculopathy, cervical reg. (M54.16) Radiculopathy, lumbar reg. (S13.4XXA) Sprain of cervical ligits, Intl., (S21.3XXA) Sprain of spasm, (M60.9) Myostis, unspecified, (R51) Headache

Date	Type	Code	Mod	Units	Description				
12/02/202	1 CSV	98941		7	- United the Company of the Company	Date of injury	POS	Tax	Amount
12/02/202		EAST-VE		7.	Manipulation 3-4 Regions 98941	10/23/2021	11	0.00	97.50
		97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
12/02/202	200-2012	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	7.17.19.00
12/02/202	CSA	97010		- 1	Hot/cold 97010			0.53575	55.00
12/02/2021	CSV	97035			Marcon - Charles and Marcon	10/23/2021	11	0.00	54.00
12/03/2021	III. COLORATOR II			1	Ultrasound 97035	10/23/2021	11	0.00	66,00
		97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	78.00
12/03/2021		97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	
12/03/2021	CSV	97010		1	Hot/cold 97010			9.00	55.00
12/03/2021	CON					10/23/2021	11	0.00	54.00
		97140		1	Manual Therapies (TrP Tx. Myof Ref 97140	10/23/2021	11	0.00	85.00
12/03/2021		97530		1	Therapeutic Activities (initial) 97530	10/23/2021	11	0.00	54.00
12/21/2021	CSV	99213		1	EP Expanded 99213	10/23/2021	22	0.00	
12/21/2021	CSV	98941		1	Manipulation 3-4 Regions 98941			0.00	270.00
12/21/2021	CSV	97014				10/23/2021	2.2	0.00	97.50
					Muscle Stimulation 07014	10/23/2021	11	0.00	76.00
12/21/2021	CSV	97012		7	Traction / mechanical 97012	16/23/2021	11	0.00	55.00
12/21/2021	CSV	97110		1	Therapeutic Exercise 97110	# Manager and a second	10.17	97.00	33.00
12/22/2021	CSV	97014				10/23/2021	2.5	0.00	89,00
Vie W. Carlonne				1 1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
	CSV	97012		1 1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
2/22/2021	CSV	97140		1 1	Manual Therapies (TrP Tx, Myof Ref)	10/23/2021			Co.
2/22/2021	CSV	97110		1	M140	Turedreug 1	.11	0.00	85.00
HOOSEMINE.	T. (1)	A. 1.10		2 7	herapeutic Exercise 97110	10/23/2021	11	0.00	178.00

Printed:

3/4/2022 11:09:52 AM

Page 2 Of 7

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 69 of 144 PageID 79

13101 Preston Rd, Ste 480 Dallas, TX 75240

Phone: 972-863-9481 Fax: 972-863-9461

Superbill

Superbill Date: 03/04/2022

Service

11/23/2021 thru 2/18/2022

Patient Information

Ana Vasquez 5845 Rancho Dr Quinland, TX 75474 Payor Information

Account:

4395

Insurance Phone:

Date of birth:

8/1/1983

Insured ID:

Employer:

Prestorwood Landscape

Insurance Policy Group: Insurance Plan Name:

Dx: (M64.12) Radiculopathy, considering, (M54.16) Radiculopathy, lumber reg. (S13.4XXA) Sprain of census light, initi., (S23.3XXA) Sprain of lights of thoracic spine. (S33.5XXA) Sprain of lumber lights, initial, (S33.6XXA) Sprain of other parts of lumber/pelvis. (M62.838) Other muscle

Date	Туре	Code	Mod	Units	Description	Date of injury	DOD		
12/23/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	POS	Tax	Amount
12/23/2021	CSV	97012		1		10/23/2021	11	0.00	76,00
12/23/2021	CSV	97140		24			- 4.4	0.00	55.00
12/23/2021			92	1	Manual Therapies (TrP Tx, Myof Re 97140	0 10/23/2021	11	0.00	85.00
	700	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
12/27/2021		96941		1	Manipulation 3-4 Regions 98941	10/23/2021	11	0.00	97.50
12/27/2021	CSV	97014			Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
12/27/2021	CSV	97012		1	Traction / mechanical 97012	C Composition	7.7	No. of the	70.00
12/27/2021				100	THE STATE OF THE S	10/23/2021	11	0.00	55.00
		97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
12/28/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
12/28/2021	CSV	97012		1	Traction / mechanical 97012	10/23/2021	**	751 5170111	(124) - 1240 - 1
12/28/2021	CSV	97140		763		Alexander of the second	11	0.00	55.00
				1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
12/28/2021	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
12/29/2021	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	
12/29/2021	CSV	97012		1	Traction / mechanical 97012		2.0	0.00	75.00
12/29/2021					Traction / Insechanical 97012	10/23/2021	11	0.00	55.00
	CSV	97140		1	Manual Therapies (TrP Tx, Myof Ref) 97140	10/23/2021	11	0.00	85.00
12/29/2021	CSV	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	170.00
12/30/2021	CSV	97014			Muscle Stimulation 97014			0.00	178.00
12/20/2021	2000				setting Semulation 97014	10/23/2021	11	0.00	76.00
u e establishment	CSV	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
12/30/2021	CSV	97140		1 1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	65.00

Printed:

3/4/2022 11:09:53 AM

Page 3 Of 7

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 70 of 144 PageID 80

13101 Preston Rd, Ste 480 Dallas, TX 75240 Phone: 972-863-9481 Fax: 972-863-9461

Superbill

Superbill Date: 03/04/2022

Service

11/23/2021 thru 2/18/2022

Patient Information

Ana Vasquez 5845 Rancho Dr Quintand, TX 75474 Payor Information

Account

4395

Insurance Phone:

Date of birth: 8/1/1983

Insured ID:

Employer:

Insurance Policy Group:

Prestorwood Landacape

Insurance Plan Name:

Dx: (MS4.12) Radiculopathy, cervical reg. (MS4.16) Radiculopathy, lumbar reg. (S13.4XXA) Sprain of cervical ligis, initi. (S23.3XXA) Sprain of ligits of thoracic spine. (S33.5XXA) Sprain of lumbar ligits, initial. (S33.6XXA) Sprain of other parts of turnbar/pelvis, (MS2.838) Other muscle

Date	Туре	Code	Mod	Units	Description	Data attack			
12/30/202	1 CSV	97110		2	The Control of the Co	Date of injury	POS	Tax	Amount
New Year Average				_	11 about Evinting 31.110	10/23/2021	11	0.00	178.00
01/03/202		97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/03/202	2 CSV	97012			Traction / mechanical 97012			100000	1.0.00
0.000				,	Traction / Inschange 9/012	10/23/2021	11	0.00	55.00
01/03/202		97140		1	Manual Therapies (TrP Tx, Myof Rel 97140	10/23/2021	11	0.00	86.00
01/03/202	2 CSV	97110		2	Therapeutic Exercise 97110			-	4447850
100 and a least at the	er et trade d'action d'				sympatherine exercise 33,110	10/23/2021	11	0.00	178.00
01/04/202	-711-25176	99212		1	EP Problem Focused 99212	10/23/2021	11	0.00	225.00
01/04/2022	CSV	98941		7	Manipulation 3-4 Regions 98941				
					manyoninkii 3-4 Negions 96941	10/23/2021	11	0.00	97.50
01/04/2022	CSV	97014		1	Muscle Stimulation 97014	1000000			
Demember	- Carrier II				The same of the sa	10/23/2021	11	0.00	76.00
01/04/2022	CSV	97012		7	Traction / mechanical 97012	10/23/2021	0447		
01/04/2022	CSV	distance and				10/23/2021	11	0.00	55.00
S. I. S. WHOLE	CHOY	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	
01/05/2022	CSV	97014						0.00	178.00
		21014		4	Muscle Stimulation 97014	10/23/2021	22	0.00	76.00
01/06/2022	CSV	97012			Transport I march and a contract				10.00
		17-11-17/21			Traction / mechanical 97012	10/23/2021	11	0.00	55.00
01/06/2022	CSV	97140		1	Manual Therapies (TrP Tx, Myof Rel)				
A CONTRACTOR					97140	10/23/2021	71	0.00	85.00
01/05/2022	CSV	97110		2	Thorspoutic Exercise 97110	1000000		3150	
01/11/2022	con					10/23/2021	11	0.00	178.00
WHI WEUEZ	COA	99213		1	EP Expanded 99213	10/23/2021			-
01/11/2022	rev	98941				THE STATE !	11	0.00	270.00
THE RESERVE		80341		1.1	Manipulation 3-4 Regions 98941	10/23/2021	11	0.00	97.50
01/11/2022	CSV	97014			4 4 4	DESCRIPTION OF THE PROPERTY OF		0.00	97,50
				9 3	Muscle Stimulation 97014	10/23/2021	11	0.00	75.00
01/11/2022	CSV	97012			Forestina Company to the same		155	W1414	70.00
We need to the country				* .	fraction / mechanical 97012	10/23/2021	11	0.00	55.00
01/11/2022	CSV	97110		1 7	Therapeutic Exercise 97110	and the second second			
					The state of the s	10/23/2021	11	0.00	89.00

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 71 of 144 PageID 81

13101 Preston Rd, Ste 480 Dallas, TX 75240

Phone: 972-863-9481 Fax: 972-863-9461

Superbill

Superbill Date: 03/04/2022

Service

11/23/2021 thru 2/18/2022

Patient Information

Ana Vasquez 5845 Rancho Dr Quinland, TX 75474 Payor Information

Account

4395

Insurance Phone:

Date of birth:

8/1/1983

Insured ID:

Employer:

Prestonwood Landscape

Insurance Policy Group: Insurance Plan Name:

Dx: (M54.12) Radiculspathy, convical reg. (M54.16) Radiculopathy, lumbar reg. (S13.4XXA) Sprain of cervical lighs, init., (S23.3XXA) Sprain of spasm, (M60.9) Myostis, unspecified, (R51) Headache

Date	Type	Code	Mod	Units	Description	Date of the			
01/11/2022	CSV	97112		1	Vibration Therapy/NMRE 97112	Date of injury	POS	Tax	Атошп
					Fibreson Theiapynnine 9/112	10/23/2021	11	0.00	92.00
01/13/2022	100000	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/13/2022		97012		1	Traction / mochanical 97012	10/23/2021	11	0.00	55.00
01/13/2022	CSV	97140		1	Manual Therapies (TrP Tx, Myof Re		11	0.00	2115/2014
01/13/2022	CSV	97112		1	97 140	No. of the last of	*.*	0.00	85.00
Davido esenno					Vibration Therapy/NMRE 97112	10/23/2021	17	0.00	92.00
01/13/2022		97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
01/19/2022	CSV	97014		7	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/19/2022	CSV	97012			Traction / mechanical 97012	10/23/2021	11	0.00	55.00
01/19/2022	CSV	97140		1	Manual Therapies (TrP Tx, Myot Rei		11		#30/College
01/19/2022	CSV	97112			37/140	V SO SECONDARIA		0.00	85.00
1/19/2022				1	Vibration Therapy/NMRE 97112	10/23/2021	11	0.00	92.00
		97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
1/20/2022	CSV	97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
1/20/2022	CSV	97012		1	Traction / mechanical 97012	10/23/2021		Galletter.	
1/20/2022	CSV	97140					11	0.00	55.00
				1	Manual Therapies (TrP Tx, Myof Rel) 97140	10/23/2021	11	0.00	85.00
1/20/2022		97112		1	Vibration Therapy/NMRE 97112	10/23/2021	11	0.00	92.00
1/20/2022	CSV	97118		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	0000000000
1/26/2022	CSV	97014		9.5	· · · · · · · · · · · · · · · · · · ·	TO THE PERSON OF	**	0.00	178.00
				1 1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
	CSV	97012		1 1	Traction / mechanical 97012	10/23/2021	17	0.00	55.00
/26/2022	CSV	97140		7 7	danual Therapies (TrP Tx, Myot Ref) 97140	10/23/2021	11	0.00	85.00

Case 1:22-cv-00159-H Document 1-3, Filed 10/24/22 Page 72 of 144 PageID 82

13101 Preston Rd, Ste 480 Dallas, TX 75240 Phone: 972-863-9481 Fax: 972-863-9461

Superbill

Superbill Date: 03/04/2022

Service

11/23/2021 thru 2/18/2022

Patient Information

Ana Vasquez 5845 Rancho Dr Quinland, TX 75474

Account: 4395

Date of birth: 8/1/1983

Employer:

Prestonwood Landscape

Insurance Phone:

Payor Information

Insured ID:

Insurance Policy Group:

Insurance Plan Name:

Dx: (M54.12) Radiculopathy, cervical reg. (M54.16) Radiculopathy, lumber reg. (S13.4XXA) Sprain of cervical ligits, init., (S23.3XXA) Sprain of spann, (M50.9) Myostin, unspecified. (R51) Headache

Date	Type	Code	Mod	Units	Description				
01/25/202	2 CSV	97112	7.77			Date of injury	POS	Tax	Amoun
The second state		01712		1	Vibration Therapy/NMRE 97112	10/23/2021	11	0.00	92.00
01/26/202		97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
01/27/2022		97014		1	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
01/27/2022		97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
01/27/2022	0.550	97140		2	Manual Therapies (Tri ² Tx, Myof Rel) 97:40	10/23/2021	11	0.00	85.00
01/27/2022	CSV	97112		1				9.90	00.00
01/27/2022	CSV	97110		72	Vibration Therapy/NIMRE 97112	10/23/2021	71	0.00	92.00
02/10/2022	S. S			2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
		97014		2	Muscle Stimulation 97014	10/23/2021	11	0.00	76.00
02/10/2022	1000000	97012		1	Traction / mechanical 97012	10/23/2021	11	0.00	55.00
02/10/2022		97140		1	Manual Therapies (TrP Tx, Myot Rel) 97140	10/23/2021	11	0.00	85.00
2/10/2022	1000000	97112		1	Vibration Therapy/NMRE 97112	10/23/2021	11	0.00	92.00
2/10/2022	Besite	97110		2	Therapeutic Exercise 97110	10/23/2021	11	0.00	178.00
0/18/2022	CSV	99213		1	ER Francisco	10/23/2021	11	0.00	
2/15/2022	CSV	97014		1	Murch Simulation was a	10/23/2021	11		270.00
2/18/2022	CSV	97012		4	Venezia de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la c	1000	1.5	0.00	75.00
2/18/2022	COV				Hacaton / mechanical 97012	10/23/2021	11	0.00	55.00
2000		98941		1 1	Manipulation 3-4 Regions 98941	10/23/2021	11	0.00	97.50
	CSV	97110		1	Therapeutic Exercise 97110	0/23/2021	11	0.60	69.00
	CSV	97112		7 1	Abration Therapy/NMRE 07112 1	0/23/2021	11	0.00	92.00
718/2022	CSV	99080		1 6	Report VID	0/23/2021	11	0.00	175.00

Printed:

3/4/2022 11:09:53 AM

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 73 of 144 PageID 83

13101 Preston Rd, Ste 480 Dallas, TX 75240 Phone: 972-863-9481 Fax: 972-863-9461

Superbill

Superbill Date: 03/04/2022

Service

11/23/2021 thru 2/18/2022

Patient Information

Payor Information

Ana Vasquez 5845 Rancho Dr

Quintand, TX 75474

4395

Account Date of birth: 8/1/1983

Insurance Phone: Insured ID:

Employer:

Prestonwood Landscape

Insurance Policy Group: Insuranco Plan Name:

Da: (M54.12) Radiculepathy, cervical reg. (M54.16) Radiculopathy, lumbar reg. (S13.4XXA) Sprain of cervical lighs, init., (S23.3XXA) Sprain of lights of theracic spine, (S33.5XXA) Sprain of lumbar lighs, initial. (S33.6XXA) Sprain of other parts of lumbar/pelvis, (M62.636) Other muscle

Provider Information

Name:

Uchenna Obiuku, D.C.

License:

13456

Tax ID:

84-5062488

NPE:

Total Charges

\$11,436.50

Total Taxes Total

\$0.00 \$11,436.50

1275067472

Printed:

3/4/2022 11:09:53 AM

Page 7 Of 7

MEDICAL RECORDS AFFIDAVIT

THE STATE OF	TEXAS	- San
COUNTY OF	DALLAS	

RECORDS PERTAINING TO: Ana E. Vasquez

Date of Birth: 8/01/1983

Dates of Service: 11/23/2021

- I am the custodian of the records or I am an employee or owner of <u>Ideal Pain & Injury</u> and am familiar with the manner in which its records are created and maintained by virtue of my duties and responsibilities.
- 2. Attached are _____ pages of records. These are the original records or exact duplicates of the original records.
- 3. The records were made at or near the time of each act, event, condition, opinion, or diagnosis set forth.
- The records were made by, or from information transmitted by, persons with knowledge of the matters set forth.
- 5. The records were kept in the course of regularly conducted business activity.

AFFIANT Signature

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on the $\underline{4}^{th}$ day of March, 2022.

Dayana Alvarez
My Commission Expires
12/22/2024
ID No. 132836332

Notary Public in and for the State of Texas

My commission Expires: 12/22/2024

ntill Won Arpan Streety, Str. 106

Friend:	4875	3965	50% A.K.
service:	2011 46	NOW	C-100

· Aute di mesoni i	MIVING, TX TOO
	Fficial: 972-252-724
Patient Name: And E. Vasquec DOB OF	2 /01 / 00 m
7 TOO DOG -	5/01/1985 SS#/ID#
Clinic: Ideal Pain and Injury – IRVING	
PARTIAL CLAIMS AGREEMENT / JOINT CHE	
Patient, (or if a minor), on behalf of WA WASAVCV hereby I in consideration of deferred billing and collection to Ideal Chropraesic Pain and or causes of action, of whatsoever kind and nature, that have now or may accident or incident occurring on or about the 22 day of 0 k100k1 or related goods provided, or for medical services or related goods to be provinted on behalf of a minor the parent or guardian assigns only the cause of a medical expenses incurred as a result of said accident or incident.	20 20 to the extent of charges for medical services
Ideal Chiropractic Pain and layary shall not be hable for any costs and/or expenses Pain and Injury files that litigation. Ideal Chiropractic Pain and Injury shall have a herein shall prevent purious from pursuing any claim or litigation which puties anxieted to Ideal Chiropractic Pain and Injury. Ideal Chiropractic Pain and Injury medical hills. Patient may not settle any case involving recovery of Ideal Chiropra of Ideal Chiropractic Pain and Injury. If a lawsuit is filled by either the putient or succident, the man-filing party may intervene in the filed lawsuit and may not file	at otherwise has the right to pursue and which patient has not may pursue any legal remedies as year assignee to collect its utic Pain and Injury medical bilts without the written permission ideal Chiropraetic Pain and Injury, arising from and accident or a second lawsuit arising from the same accident or incident
In the event Ideal Chiropractic Pain and Injury seeks and receives payment frost treatment of patient then this Partial Claims Assignment / Joint Cheek Agreement Agreement is applicable to any claims involving work related injuries against Worker's Compensation Insurance) or third parties.	in a Worker's Compensation insurance policy for its medical t shall not apply. This Partial Claims Assignment / Joint Check it employers (including employers who did not subscribe to
I IRREVOCARE V instruct and direct any third party, whether or not I am represent as a result of said accident or incident, to make payment by check, draft and patient / parent / guardian (and/or Attorney) and deliver such payment to 320	of viner reminisce jointly to Ideal Chatopractic Pain and Injury Of West Airport Freewice, Sic 104 feeing, TX 75062
lifeal Chinopractic Pain and logary will provide physicians who will direct medic seeking treatment. The patient promises to pay usual and oustomary charges for	32.25 m
Signed this 23 day of Woverview, 2021.	Patient/Parcet / Guardian
LIMITED POWER OF AT	MAN ANALYSIS AND A
hereby irrevocably grant Lieuf Chiangennia Bain and Lineau	
rain and injury. O	edical services or related goods provided by ideal Chiropractic
Signed this 23 day of November 2021	" alad"
	Patient Parent / Guardian
INSTRUCTION TO M	
A TITICATE AND ADDRESS OF THE ADDRES	
authorize and direct any attorocy retained by one at any time, to pay directly to ide or goods provided to me, and to withhold such sums from the proceeds of my port NSTRUCTION IS IRREVOCABLE UNLESS ALL PARTIES AGREE TO REVISION this 25 day of NOVEYN DEX., 2021.	OKE THE INSTRUCTION IN WRITING.
	Patient/Purent / Guardian

As used in the above BASIC AGREEMENT; PARTIAL CLAIMS ASSIGNMENT/JOINT CHECK AGREEMENT; LIMITED POWER OF ATTORNEY: and INSTRUCTIONS TO MY ATTORNEY, the term Ideal Chimperioric Pain and Injury shall mean Ideal Chimperioric LLC, Ideal Chimperioric Pain & Injury. I have read the above sections and I fully understand them. 3 day of NOVEMBEY 2021.

Accepted: Meal Chimpractic Pain and Injury by

Panicat.

pain West August Remarks, Nov. 104. SEVING, TX 15062 Phones 972-252-7246

Fee: 912-352-7242

ACKNOWLEDGMENT

STATE OF TEXAS

COUNTY OF DALLAS

Ana E Vasq	ucc Flores	AUXA -	Patient/ Parent/ Guardian
Printed Name		Signature	Relationship
SWORN AND SUBSC	RIBED TO BEFORE	ME, the undersigned	Notary Public, on this 23 de
SWORN AND SUBSC	RIBED TO BEFORE	EME, the undersigned	Notary Public, on this 23 d

My Commission Expires: 12/22/2024

13101 Preston Rd, Ste. 480 Dallas, TX 75240 Phone: 972-863-9481 Fax: 972-863-9461

INITIAL REPORT:

Patient: Ana Vasquez

Date of Injury: 10/23/2021 Date of Exam: 11/83/2021

To Whom It May Concern:

Patient Ana Vasquez presented to this office on 11,23/2021 for treatment of injuries suffered as a result of a motor vehicle wreck, which occurred on 10/23/2021. Mrs. Vasquez reports sharp and achy pain in her left elbow with overhead and grasping activities. Mrs. Vasquez reports pain to her mid back, and low back pain that moves towards the buttocks. Patient reports sharp and dull achy pain to upper back and neck pain that travels to her left shoulders, there is soreness and achy pain with difficulty in all ranges of motion in her right knee, and this started after the car wreck. She also states that her daily activities have been significantly affected with regards to home activities, working, sitting, lifting, overhead, sleeping, lying, and bending.

Physical examination shows painful palpation and spasm of her cervical, thoracic, lumbar, right knee and left Shoulder. Her cervical range of motion is increased in all planes with pain. Her left elbow and right Knee range of motion is decreased with pain in all planes. Orthopedic evaluation of her cervical spine reveals pain with Maximum Compression, Neck Compression, Valsalva. Active/Passive O' Donoghues, and right Shoulder Depressor indicating a neck injury. Bechterew test, Kemp's test, Bilateral straight Leg raises, Yeomans and Nachlas are all positive for low back injury. Cozens, and Mills' tests are all positive for Left elbow injury. Orthopedic evaluation of her right knee reveals pain with Valgus and Varus stress test, Patellar grinding Test. All reflexes are normal. All Dermatomal findings are normal.

Diagnosis Codes:

M54.12- Cervical Radiculitis

M54.16- Lumbar Radiculitis

S13.4XXA -Cervical sprain/strain

S23.3XXA -Thoracic sprain/strain

S33.5XXA-Lumbar sprain/strain

S33.8XXA-Lumbosacral sprain/strain

553.402A -Left elbow Sprain/strain

S83.91XA- Right knee sprain/strain

M25.522-Pain in Left elbow

M25.561- Pian in right knee

M60.9 - Myofascitis

M62.838 -Deep and superficial muscle spasm

G47.9-Sleep disturbance

R51-Headaches

Mrs. Vasquez will be undergoing chiropractic care and physical therapy for 2-3 weeks, at which time his condition will be re-evaluated at regular intervals and updated recommendations can be made.

Uchenna Obiuku, D.C.

13101 Preston Rd, Ste. 480 Dallas, TX 75240 Phone: 972-863-9481 Fax: 972-863-9461

DISCHARGE REPORT:

Patient: Ana E. Vasquez Date of Injury: 10/23/2021 Date of Exam: 02/18/2022

To Whom It May Concern:

Patient Ana E Vasquez was discharged from care to PRN on 02/18/2022. She was being treated for injuries suffered due to a motor vehicle wreck, which occurred on 10/23/2021. Mrs. Vasquez may continue to experience intermittent neuromuscular pain and headaches that could have to be addressed in the future.

Future treatment may include:

Chiropractic Care (Est. \$18,000) Medical Consultation/Injections (Est. \$17,800)

Diagnosis Codes:

M54.12- Cervical Radiculitis

M54.16- Lumbar Radiculitis

\$13.4XXA -Cervical sprain/strain

S23.3XXA -Thoracic sprain/strain

S33.5XXA-Lumbar sprain/strain

S33.8XXA-Lumbosacral sprain/strain

S53.402A -Left elbow Sprain/strain

S83,91XA- Right knee sprain/strain

M25.522-Pain in Left elbow

M25.561- Pian in right knee

M60.9 - Myofascitis

M62.838 -Deep and superficial muscle spasm

G47.9-Sleep disturbance

R51-Headaches

All medical notes and diagnostic testing reports have been provided to you, along with any other doctor's notes.

In my professional opinion, this patient's symptoms and diagnoses are consistent with and related to the above dated accident.

Uchenna Obiuku, D.C.



187/PMG, YX 25062

Pinner 972-252-72-6

Fee: 973-262-7242

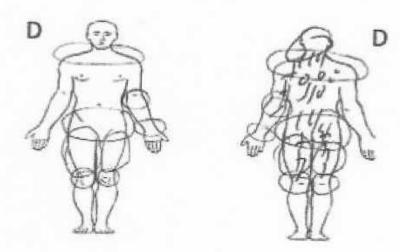
SINTOMAS DE DOLOR

NOMBRE: 400 E	Información del Paciente	
PESO: 155 libras LOCALIDAD DEL DOLOR:		PRESION de sample:/
FIRMA:	FECHA: _	12312

DEMOSTRAR

Marca en las figuras del cuerpo humano donde está el dolor y el tipo de dolor que sientes.

Descripcion:	Endormimiento	Ardor	Adolorido	Punzado	Hormigueo
Símbolo:	FRE	XXX	000	///	***



NO ESCRIBAS ABAJO

DOC	CTOR'S NOTES:
11	Jula Anneded Problem L. har Con.
10	fortal Anguedes Prophety for he Dais, uper bades, rost,
1	The state of the s

IRVING, TX 25002

Phone: 872-253-1746

Fee: 973-252-7342

Por favor, responda las siguientes preguntas al mejor de sus conocimientos. Esta información nos ayudará a resolver su condición y a prescribir lo que es mejor para usted.

(circule uno)

Sobre su condición	
¿Cuándo comenzó el dolor?	
Inmediatament, Horas más tarde, Al día siguiente - indique la fecha: 10/ 25/ 2021	
¿algo alivia el dolor? Si No	
Indique que alivia el dolor: Reposo/Hielo/Calor/Medicamiento	
Que hace que el dolor se sienta PEOR? Trabajo, Movimiento, Caminar: Otro	
¿cuál describe mejor su dolor? Agudo/Adolorido/Púnzado/otros	
*** Étiene algún dolor que se irradia por sus brazos o piernas? Sí No	
Si por lo tanto, por favor describa lalos eso qual as antes a la	
¿Cuándo experimenta el dolor? Mañana/Tarde/Noche/Constante	1ZQV
¿Fuiste al hospital? Si No ¿En una ambulançia? Si (No) FECHA:	,
¿Ha visto a otros doctores desde el accidente? (Si No FECHA:	
HOSPITAL/ DOCTOR Nombre y Localidad:	
Advanced dallas 7502 greenville Avenue Italias 1x 7523	1
Que Dirección fue el golpe? Frente Trasero (Lados) (D)	
Que Dirección fue el golpe? Frente Trasero (lado:) (D) Efue una citación (boleto, Ticket) dada? Sí (No)	
Que Dirección fue el golpe? Frente Trasero (Lados) (D) Efue una citación (boleto, Ticket) dada? Sí Ea quién? Dónde fue tu accidente?	
Que Dirección fue el golpe? Frente Trasero (Lados) (D) (fue una citación (boleto, Ticket) dada? Sí (No) (a quién?	
Eque Dirección fue el golpe? Frente Trasero (Lados) (D) Eque una citación (boleto, Ticket) dada? Sí No Ea quién? Dónde fue tu accidente? Ciudad: Carrol Len cappel (Ubicación: bodesa Sambung Jeras el Conductor O Pasajero? (circule uno)	
Que Dirección fue el golpe? Frente Trasero (Lados) (D) (fue una citación (boleto, Ticket) dada? Sí No (Dónde fue tu accidente? (Dúnde fue tu accidente? (Liudad: Carrol ben cappel Ubicación: bodesa Sanbung (Leras el Conductor) O Pasajero? (circule uno)	
CQue Dirección fue el golpe? Frente Trasero (Lados) (D) Elución (boleto, Ticket) dada? Si No Ela quién? Dónde fue tu accidente? Ciudad: Carrol ten cappel (Ubicación: bodesa Sambung) Eleras el Conductor O Pasajero? (circule uno) Cuánta gente había en el coche? Elestabas usando el cinturón? Si No	
Que Dirección fue el golpe? Frente Trasero Lados I (D) fue una citación (boleto, Ticket) dada? Sí No la quién? Dónde fue tu accidente? Ciudad: Carrol Le o cappel Ubicación: Vodes a Santona leras el Conductor O Pasajero? (circule uno) Cuánta gente había en el coche? estabas usando el cinturón? Sí No Su cabeza se voltio en el momento del accidente? Sí No ¿por dónde? I (D) Frente	
Que Dirección fue el golpe? Frente Trasero (ados) (D) (fue una citación (boleto, Ticket) dada? Sí No (a quién? (Dónde fue tu accidente? (Ciudad: Carrolleon coppel Ubicación: bodego Sambung (eras el Conductor O Pasajero? (circule uno) (Cuánta gente había en el coche? (estabas usando el cinturón? Sí No (Su cabeza se voltio en el momento del accidente? Sí No ¿por dónde? I/O Frente Qué es el año y el modelo de su coche? (En una escala de 1 a 10) el otro auto?	
Que Dirección fue el golpe? Frente Trasero (ados) (D) ¿fue una citación (boleto, Ticket) dada? Sí No ¿a quién? ¡Dónde fue tu accidente? ¡Dúnde fue tu accidente? ¡Ciudad: Carrol Le o cappel (Ubicación: Vodesa Sansong) ¡Cuanta gente había en el coche? ¡Cuanta gente había en el coche? ¡Cuanta gente había en el momento del accidente? Sí No ¿por dónde? I (D) Frente ¿Qué es el año y el modelo de su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche? (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche (En una escala de 1 a 10) ¡Cuánta grave fue el daño a su coche (En una escala de 1 a 10) ¡Cuánta gr	
Clue una citación (boleto, Ticket) dada? Si No ¿Dónde fue tu accidente? Ciudad: Concol ten coppel Ubicación: bodego Sombung ¿eras el Conductor O Pasajero? (circule uno) ¿Cuánta gente había en el coche?	



1:**22 cv-00159**-H Decument **4-8 Fire**l 10/24/22 Page 82 of 144 PageID 92

1004 Work Copyri Treasup, Dir., 104

BEVING TX 73662

None: 972-252-7346

Fac: 973-252-7242

The state of t	Numero de polica:	120
Nombe de aseguranza de SU auto:	Numer	o de polica:
Historia Medica:		
Asma	Concusion	Hepatitis
Epilepsia	✓ Mareo Wextigos	Dolor de Espalda
Diabetes	VIH	Neurosis
Cancer	Tuberculosis	Desordenes Digestivos
Alergias	Problemas Cardiacos	Alta Presion
Historia Familiar:		
Diabetes Corazon	Cancer Espalda	
Madre	topolog	
adre	_	
fermana		
termano		
	-	
peraciones previas: (Si no aplica, escriba	IN/A) Moro derecha v	amore de trappedia av 19
ccidentes a Caidae pavine: (Ci III	escriba N/A)	SE HA DECLANADO. FL. N
and a price of the state of the state of the spines) /
AUTO RECREACIONAL TI	RABAJO OTRO Fecha:	
Y AUTO RECREACIONALTI	RABAJO OTRO Fecha:	
olo Pacientes Femeninos:		ULTIMA MESTRAUCION 11/19/202
VAUTO RECREACIONALTI olo Pacientes Femeninos: sta o piensa que esta embarazada:	SI (NO) FECHA DE	
olo Pacientes Femeninos:	SI (NO) FECHA DE	
VAUTO RECREACIONALTI olo Pacientes Femeninos: sta o piensa que esta embarazada:	SI (NO) FECHA DE	
VAUTO RECREACIONALTI olo Pacientes Femeninos: sta o piensa que esta embarazada:	SI (NO) FECHA DE	
VAUTO RECREACIONALTI olo Pacientes Femeninos: sta o piensa que esta embarazada: edique cualquier medicina usted a ton	si (NO) FECHADE	

MOTOR VEHICLE ACCIDENT INTAKE FORM

-27-4
DITIONS: DAY WET I
cof 20/6 chy
LATER
co, upo backo,
E NUMB THEEDING
D/POLL/KNEELING
7

Patient's Name_PNOL Vasquez	- DOA: 10-23-21 Date of Exam: // 43-41
EXTENDED EX	(AM-DOCTOR'S USE ONLY
	(FRACAI CATHORFOE
	Secretary start for verse/brobastic must ficuncy
contactsoles	Completing Completing for manual second
	Office Conductions for integral to continue that
	* Cloto Half for sortabral tracema
The second secon	* of histories in the series
Print and the Contract of the	# After action top nearer need compression
	A - Vallakes for dice acchasion
The same of the sa	Asser O Depositioners for amough states inputs
	VIE - Country O Designation & for supports and
	4 - Thendere degravate for municle strain injury
	LUBABAN DETHICKNYDM
	* - Adjust's Sign lits soften and about the
	A CHARLES WAS STORY OF STREET CHARLES AND AND ADDRESS OF THE PERSON OF T
	Contide tog Sales for bondeserral to the
	- 17/15 Signs filts worden itempor ligston
The second secon	Notifies for water fumber farson
	D - Kerng's First for intervences all and regiture
The second secon	· Leangue's Text for mustle/sinc/meror restaure
	* Treations for requiry to facel point container
-	SACROSIAS ONTHOPPOR
"	* - Gaerelon's l'est for sacrolige beson
	1980 a rest for continue to the
	* Fig. Carrismo for carrellar to
	THE STATE OF THE PARTY OF THE P
	THE PARTY AND LOSS FOR THE PARTY.
DNP Secretary Charter	Ober's fest fail temps facing later insubspissors
ONF Education Ontologistic R j	- which middle and the second second
Abdustication for sucular cult reside/that	
dractical Personal for Contacted and some syndrome	Peruralization, (1) prop
	Potentiar Rolling 10 3 4 5 + 8 1 6
THE PROPERTY AND THE PARTY AND ADDRESS OF THE	Attelles Rellies 10 3 4 5 + 11 4 5
Will A SELECTION SINGUISTING FOR STREET	Birch Refue L G 1 4 5 - 5 LO
	Insultation 10145 * ELD
new for shoulder distinct beautiful should show	Brachmark 18 142 - 118
	P 1+2-45A
89 Shite Distripenie 8 s	
BUDGEROR SERVICE FOR INVESTOR AND ADDRESS OF A PARTY AND ADDRESS OF	Demutation C4 C5 C6 C7 C8 Hypo Hype
outches syed for medial enlique at ligament many	LEDELS ST NAME OFFI
oduction service for incissal entraces at ligamient inputy intertion stems, for ignoral nethanical againment inputy tempt drawer for consistent and againment inputy	LEDELS ST NAME OFFI
Hutthen serect for medial entrane at ligament inputy etaction steem for ignoral notational ligament inputy server drawer for cruciate ligament stylery for fire cartiface distriction	Myotomes C4 C5 C5 C7 C8 Hotel
Hustian street for medial enlaceral ligament inputy station steem for special notational ligament inputy sends drawer for cruciate ligament styley by for certains deal and	Advotances C4 C5 C5 C6 PROS Hyper L3 L4 L5 S2 NAC DNP
outgines sevent for messal entraine at ligament inputy whiching steems for ignoral netarine at ligament inputy menter drawer for cruciate ligament littpry for for certains of transferences	Myotomers C4 C5 C5 C7 C6 Titles Hyper L3 L4 L5 S2 NAC DNP Head Model SEP NAC DNF
Husting street for medical entraneal ligament import effection steem for special nectanical ligament inpury nemer drawer for cruciate ligament styling lay for carbiage displanament styling for for carbiage displanament styling followers for these efficiency.	Myofismer: C4 C3 C5 C7 G8 That Hyper L3 L4 L5 S2 NAO DNP Head Walk for Walk The Walk
Huttion sevent for mersial entrained all gament import etherion steems for ignoral nethannal logarment inpury menter drawer for cruciate logarment tityory lay for carriage displacement ethory for our carriage displacement ethory for carriage displacement ethory for carriage the steem of the carrier for carriage for steem of the carrier today tup for steem of the carrier today to the carrier today toda	Myofismus C4 C5 C6 C7 G8 Those Hyper L2 L4 L5 S2 NAC DNP Hend World
OUTCHION SEVENT FOR INTESSAL ENGINEER AND SECURITY INTERFERENCE OF THE PROPERTY INTERFERENCE OF THE PROPERTY INTERFERENCE OF THE CONTRACT OF THE PROPERTY INTERFERENCE OF THE CONTRACT OF THE PROPERTY INTERFERENCE OF THE CONTRACT OF THE PROPERTY INTERFERENCE OF THE PROPERTY INTE	Myotomers C4 C3 C5 C7 G8 minds Hyper L3 L4 L5 S2 MAD DMP Heathwale comp mad Def. is Ove. 1 for ways comp mad Def. is Ove. 1 sther tempor.
NAME Some Distriction is a second configuration of ligariness separate sepa	Myotenes C4 C5 C5 C7 G8 mps Hyper L3 L4 L5 S2 MAD DMP Heel Walk SEP mad Def. is Ove. 1 for walk separate imaging.
OUTCHION SEVENT FOR INTESSAL ENGINEER AND SECURITY INTERFERENCE OF THE PROPERTY INTERFERENCE OF THE PROPERTY INTERFERENCE OF THE CONTRACT OF THE PROPERTY INTERFERENCE OF THE CONTRACT OF THE PROPERTY INTERFERENCE OF THE CONTRACT OF THE PROPERTY INTERFERENCE OF THE PROPERTY INTE	Myotomes C4 C3 C5 C7 G8 Photo Hyper L3 L4 L5 S2 NAO DNP Healthraik GBP nach Def. is Ove. 1 for ways GPP nach Def is Def. is Strong of the bending: Entwick 3 were (AC35 Cont TDAG) Towns have
outsting steed for messal entrained allgoment equity otherwise steed for considering medianical against organy ments drawer for considering moment of pury for for carriage displacement organy for tox satisfacial ligament arguery followers for black efficiency.	Myotomes C4 C5 C6 C7 C6 Https: Hyper L3 L4 L5 S2 NAC DNP Heel Walk CP nand Def. N Ove. 1 for was CP nand Def a Def. 1 Stagnantic imaging: Crysical 3 were (NC25 Cov. 1255) 7 Ucm (NC7) Thoracic 2 cov. (NC25 Cov. 1255) 7 Ucm (NC7)
outsting steed for messal entrained allgoment equity otherwise steed for considering medianical against organy ments drawer for considering moment of pury for for carriage displacement organy for tox satisfacial ligament arguery followers for black efficiency.	Myotomes C4 C5 C5 C7 C8 Phps Hyper L3 L4 L5 S2 NAC DNP Heel Walk CSC C8 C8 C9 L5 fae was CSC C8 C9 C8 C9 L5 Strong C1 C8 C9 C8 Envisal 3 were (XC35 Con TDX) 7 and 1000

	The second secon	世 市 二 で ち 明日	V 40 1/4 1/4 1/4	The state of the s
	1	1	F 27 47.4	1000
	- 日本日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	- A 100 P	THE PERSON NAMED IN CO.	
-	A. A. S. L. B. S. S. S. L. B.	THE PARTY OF THE P	4	The second of th
	1	THE PERSON NAMED IN		

S06 0XBA Vertebral fracture w.o cond involvement S08.0X1A [C] [T] [L] S06.0X0AA S12.0XNA S22.009A S12.0X0A	Stenum facture	Cinylete Institute – Chief	Scapula fracture - closed	GS6.30 Shoulder distocation – closed Sk1 006A GS6.40 Acromochylentar distocation St3.109A		* Proceeding Communication		_	S03.93XA Diagnosis	S20.219.4 1.	N39.1XXA N39.0XXA	SSOOKAA	S40.02A 3,	S58.10XA S60.224A	S75,60XA 4.	SPILTOXA SBO,DOXA S.	\$80,10XA
Neurologic Closed heaf trjury Concussion, Brief 1,OC Concussion, Unspecified	Headache Brachini plexes lesion	Carpal turnel syndrome	Median nerve leskin	Causalgia of upper limb	Tarsal transf syndrome Cassalnia of lawer timb	figury to spinal nerve room	SH 2X XA SH 2XXA SH 21XA SH 22XA	Trauma (containercusts pp 599-511)		al)	Absturing wall Low Back	Baltock	Opport arm	Parentin Name	The	Theigh	Lower hig
Muscle/Tendon/Ligament Deep & superficial MM spasm Moz kJg Mysigin/mpositis/myofascitis (4600) Amesive caparitis of absolder M75,00	Relator culf syndrome M75.100 Calcific tendinitis of shoulder M75.10		Obstration heraitis M70,20	[shealder] [wrist] [hip] S13.489A S63.509A S73.159A	S63.90XA		2	-	M7720 M65,879 M70,30	5	Ganglion of hendert shearh M62,4th	T.	SKEA STREET	-	S23.41XA	strain \$23.421.A	Abbamahar wali saram 503,9XXA Inguinal hetima K42,90
Die divinkement wio nyulopath K.		IV this disorder with myelopothy	Post-landactory conductory	(©) [T] [L] N96.1A M95.1B M96.1C	Springl stemosis	NAS.02 M48.04 M48.06 Coviculpia MS4.2	drome	Redictoff to mountities	MSJIZ MSLIA MSJA6 Scintin		th synd M54.89	Cuccygodynia MSS 3A	furction	A199.01 M99,02 M99.03	M438.00	Spondykalleckie Q76.2A	

Patient Name: Ano. Vasavez Date of Injury: 10-23-2 Date of Visit: 1-23-21

PATIENT COMPLAINS OF PAIN IN:

NGS NEW UMGPBack Lowback Hip R/L. Knee R/L. Ankle/Foot R/L. Chest/Ribs Shoulder R/L Elbow R/L Wrist/Hund R/L. Heaffliches Other

Timing: Copsings Intermittent

Activities of Daily Living Affected: Work School Home Rec Sleep Sittles/Standing/Warring/Lying Belgling/Lifting/Grasping/Carry Pich Ball Kneel/Stoop Overhead CoppyClife Childrane Spaces PE

en neck I That propose I

OBJECTIVE

CERV THOR LEIMIN EXT (30) SP/HT THESE **श्र**भा ऽश्रभा

TENDER JENDER TENOER TENDER

C-ROM TO WNL POP

T-ROM T WNI. PAN

L-ROM I WINE HEN

WNE PAIN ORTHO/NEURO EXAM:

E-ROM T





Sharp- /// Dull/Achy-OOO Burning-XXX Throbbing-T Stiff/Sere-S Numbness- == Tinglings Needles- +++

ASSESSMENT

IMPROVING

DUNCHANGED

□ WORSENING

RESOLVED

I will elm

MANIPULATION/ABJUSTMENT

CMT: 98940 98941 98942 98943

C 1234567 T-123456789101112

L-12345

SACRUMISE OCCIPUT **EXTREMETIES**

MOVEMENT:

CERV: THOR: LUMB: EXTREMITY: GOOD GOOD GOOD PAIN PAIN PAIN PAIN RESIST RESIST RESIST RESIST

MASDAL THERAPY/MFR/TP/ART: EEN PHOR LIESE EXTREMITY

SURFICELIFICAL LEVATOR SCAPULAL LATESCHIES DORSE QUAD LUMBORUIM

TRAPEZIUS RHOMBOIDS PECTORALS PSOAS

GLUTE MEDIUS UPPER EXT LINES: PERMITTERS

ANT POST LOWER EXTLINES: ANT POST

REFERRALS: MIXCOMPLANDED OF THOMSE THOMSE PROTECTIONS OF THE PROTECTION OF THE PROTE Pay Olher wedness from Adv OBJECTIVE KEV: FX-South restriction, SP-Square, HT-Dyspertunic restricts, WNI, Within normal farms

PROVIDER SIGNATURE:

EXAM and TREATMENT

INITERAL CMT THREAPY RE-EXAM 99205 99204 99203 99202 99201 99215 99214 99213 99212 99211

AREAGENERS

MODALITIES:

CPT SERVICE

27014 EMS UNATTENDED MECH TRACTION

SON HOSCOLD VIALA SERO, MANUAL THERAPY ULTRASOUND

97110 THER EXERCISES

97530 THER ACTIVITIES 97112 VIBRATION (NM-RE

\$9090 DECOMPRESSION

EXERCISE/BEHAD PROTOCOL NOTES:

Whiplash Protocol ROM Strength

Thorapy Ball EX ROM Strength

Spinal Stabilization ROM Strength

Upper Est Protocol ROM Strongth

Lower Ent Protocol ROM Strength Treadmilli Trike

Functional Activities

REVIEW OF RECORDS:

TREATMENT PHASE:

ACUTE SUBJACUTE REHAB PRN EXACERBATION CONTINUE TX DISCHARGE

SCHEDULE:

TIMES PER WEEK FOR WEEKS RE-EVALUATION DATE:

WORK SATUS:

OFF WORK LIGHT DUTY

FIRE DUTY

REMARKS AND COMMUNICATIONS

Patient responded well to treatment without

Dates Office Only: Patient Name: -Valguez

Date of Injury: 10 23:21 Date of Visit: 12.01.2021

PATIENT COMPLAINS OF PAIN IN:

Nock Mid Upper & Low Ho Hip R/L. Knee (5) Ankle Foot R/L Chest/Ribs Shoulder R/L Elbow R/L) Wrist/Hand R/L eleadactic Other

Timing: Constant Intermittent

Activities of Daily Living Affected: Work School Hone Rec Side Manager Street By West By L. S. iking Killing Garding Carl Public Villa State Supplemental Cook/Clean/Childeare/Sports/PF

Notes:

OBJECTIVE:

CHRV THUR LUMB

TIMPER TEMPER TIMBER TONDER

C-ROM



T-ROM L-ROM

E-ROM



ORTHO/NEURO

Sharp-/// Dull/Acky OOO Burning-XXX Throbbing T Stiff/Sore S Numbers --- Tingling/ Needles-+++

ASSESSMENT

HIMPROVING WORSENING KUNCHANGED DRESOLVED

☐ MILD ☐ MODERATE ☐ SEVERE

MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

1-12345

SACRUMOI OCCUPELL

EXTREMETIES

MOVEMENT:

CERV: THOR. LUMB EXTREMETY GOOD GOOD GOOD GOOD PAIN PAIN PAIN PARK RESIST RESIST RESIST

MANUAL THEREBY/MUR/TP/ART: CERY THOR CHAIR TEXTREMITY

SUBUCCETTAL HEVATOR SCAPERAL

LATESSIMILS DORST OUAD LUMBORUEM GLUTE MEDRIS

PSCLAS PIRHCURACE

UPPER EXTLINES: LOWER EXT LINES: OTHER:

&MAPEZIUS REPORTBORDS PECTORALS

ONLY BOST # 683 ANT POST

REFERRALS: MIDICIPARE/INVOINEURO/ORTHO/INJECTIONS/PPE/FCE/PM/OTHER

OBJECTIVE KEY: FX-Joint rostriction, SP-Spoom, HT-Hypertonic muscle, WNL-Within normal lunion

EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM 99285 99284 99203 99202 99201 99215 99214 99213 99212 99211

MODALITIES:

CPT SERVICE AREADINITS POTES ESIS UNATTENDED MEDITAL TRACTION PHONE CONTROLLE APPLY

MANUAL THERAPY 97110 THER EXCERCISES.

97530 THER ACTIVITIES 97112 VIERATION / NM-RE

SWIPS DECOMPRESSION

EITIL

WH955

FULL DUTY

×1 Late

41

VS/

EXERCISE REHAD PROTOCOL NOTES:

Whiplash Protocol ROM Strength

Thorapy Ball EX ROM Strength Spinal Stabilization ROM Strength

Upper Ext Protocol ROM Strength

Lewer Est Protocol ROM Strength Treadmill/Hike

Functional Activities

REVIEW OF RECORDS:

PLAN

TREATMENT PHASE:

ACUTE BACUD REHAB PEN EXACERBATION CONTINUE TX. DISCHARGE

SCHEDULE:

TIMES FER WEEK FOR RE-EVALUATION DATE

WORK SATUS-

OFF WORK LIGHT DUTY

REMARKS AND COMMUNICATIONS

Patient responded well to treatment without

Name: A

Date: 12 /01 Office Only:

MODIFIER SIGNALITE Mederos Do.

PATIENT SIGNATURE.

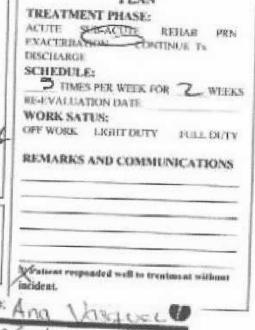
Timing: Constraint Intermittee Activities of Daily Living Affected: Work School Home Record Single Sportling/Grasping/Curry Past Policy and Store Overhead	Sharp /// Dull/Achy- (XX) Throbbing-T Stiff/Sore S Numbness- Tingling/ Needles-++ ASSESSMENT
Cook/Clean/Childeare/Sports/19	WORSENING UNCHANGED
Notes:	MILD MODERATE SEVERE
OBJECTO (C	MANIPULATION/ADJUSTMENT CMT: 98940 98941 98942 98943 C-1234567 T-1234567 2260 (4)13
OBJECTIVE	SACRUMSI OCCUPUT
CERV THOR LUMB EXT	EXTREMITTES
தார தார தார தார	MOVEMENT:
TODER TENDER WINDER WINDER	CERY THOR LUMB EXTREMITY GOOD GOOD GOOD GOOD
C-ROM (WNI. P.Gel	PAIN PAIN PAIN PAIN RESIST RESIST RESIST
T-ROM WILL FOR	MANUAL THERAPY/MER/TP/ART:
L-ROM (WNL PAIN	CERV THOR LUMB EXTREMITY
E-ROM (4) WNL PATS	SUBOCCEPTAL TRAPEZEES LEVATOR SCAPULAE RHOMBORDS
ORTHONEURO EXAM: CLESON	QUAD LUMBORUM PSOAS GLUTE MEDRUS PRIFORMIS EPPER EXT LINES: ANT POST OTHER

PATIENT COMPLAINS OF PAIN IN:

North MEDILL TO . .

INIT EVAL CMT (HERA)Y RE-EXAM 99205 99284 99283 99282 99281 99215 99214 99213 99212 99211 MODALITIES: SERVICE AREAD NITS EMS UNATTENDED TOD MECH TRACTION SHOUTSTECOLD APPLY J. MANUAL THERAPY 970MS LILTRANOLING EL-ELEV 97110 THER EXERCISES 97530 THER ACTIVITIES 97112 VERRATION / NM-RE 59090 DECOMPRESSION CITIL EXERCISE/REHAD PROTOCOL NOTES: Whiplash Protocol ROM Strength - Thoropy Ball EX ROM Strength Spinal Stabilization ROM Strength Upper Est Protocol ROM Strength Lower For Protocol ROM Strangth Treadmill/Bike Functional Activities REVIEW OF RECORDS: PLAN TREATMENT PHASE:

EXAM and TREATMENT



PROMIDER SIGNALITE Molenne Jul

OBJECTIVE KEY, IX Joint contriction SP-Spinor, HT-Hypersonic muscle, Whit - Water normal limits

PATIENT Sagmarings

Date: 12/02/21 Time: 5 39 pm

SBIT SWHT TIMBER TEMPER TEMPER TEMPER C-ROM WNL PHIC T-ROM WINL RAIN L-ROSt WNI PAIN E-ROM ORTHONEURO

GOOD GOOD GOOD GOOD PAIN PAIN PAIN PAIN

STANUAL THERAPS/MER/TP/ART STRY BITTE MEMB ELERHMITY

RESIST RESIST RESIST RESIST

SUBOCCIPITAL ERABITA LEVATOR SCAPULAE RETROMINGUES. EATTESSIMUS DORSI PECTORALS QUAD LUMBORUM PSOA5 SHEETE MILITING MALECREMEN (PPER EXT LINES: とまず、全日日 LOWER EXTLINES: CAST COST

Functional Activities		
Treadmill/Hike		
Lower Est Protocol	ROM	Strongth
Lipper Ext Protocol	ROM	Strongth
Spinal Sabilization	ROM	Strongth
Therapy Ball EX	ROM	Strength
	ROM	Strength

RE-EVALUA	SPER WEEK FOR TION DATE:	2_web
WORK SAT		
OES MORE	LEGIST INTSY	PERLIDER

TREATMENT PHASE:

REFERRALS: MIXCEMRENVC/NEURO/ORTHO/INJECTIONS/PFE/FCE/PM/OTHER	
BRIEUTIVE KEY: FX Joint restriction, SP-Spacin, HT-Hypertonic mitsele, WNI - Within normal limin.	

PROVIDER SIGNAUTE:	lecterra	Doul
		187 5

Patient's Name: And	E. Vasquetoste of Injury: 10/25/21 Today's Date: 12/2
Doc	rumenting Your Gap in Treatment at this Office
Please fill this out completely a Many injury putients have good	y there was either a gap in scelling our care or why there was a gap in your care at or maure that the care of your injury is properly documented and medically necessary as it may affect your insurance benefits if later there are discrepancies that are found a either in seeking care or in there care, and in order to receive insurance benefits to the patient. In this instance there was a Gap in seeking care or a gap in
	□ Rest
	Втасе/карропе/чтар
	Over-the-counter medication (specify);
	Prescription medication (specify):
	Harts (specify)
	Homeopathy (specify):
	[V] Sucaching/yoga
	T Exercise
	Stept in different position
	Slept on a different surface
	Modified work daties (specify):
	Change of employment (specify):
	Modified activities of daily living (specify):
	Minimized tilting head appeareds
	Minimized prolonged forward bending of the necktorso Minimized rotation of the neck
	Other (specify):
Treatment by Others:	
irounent by Others.	Emergency room (specify):
	Urgent care (specify);
	Medical doctor/esteepath (specify):
	Medical specialist (specify): Chiropractor (specify):
	Physical therapist (specify)
	Acopoacturist (specify):
	Psychologist/psychiatrist (specify):
	Massage (specify):
	Other (specify):
Miscellaneous Factors:	Fear of doctors/drugs/surgery
	Did not know who to see for treatment
	Fear of how the treatment bills would be paid
	Insufficient time to obtain meatment
	Other (specify):

SUBJECTIVE FINDINGS:



Character:	
Grarp>///	Suitt Sore- 5
Dull/ 4cm 000	Numbress- ===
Burning- XXX	Throbbing- T
Tingling/ Needles-	
Activities of Daily	Lhring:
Words Worth	1.5
SOLIDE STEERING	Watting/ Letter
Beiging/Litting/G	resone/ Carry/
Push/ Pull/ Kneel/	Eroo/ Cook/
Overhead/ Clean/	Childcave/PF
OBJECTIVE FINDING	

CERY	THOR	LUMB	EXT
CS.	9	(Dx	FIE
517 /447	50 MH	59 /FAT	SP / TEXT
TENNER	TENDER	TEMBER	The state of the s

CROM	199	DEC	WAL	PAIN
T-ROM	nD	DEC	WAL	PAIN
I-ROM				
E-ROM	INC	DEC	MIN.	PAIN

D.T.R. 1-trypo 2-normal 3-hyper_ Up/Low Sensory With Inc. Ger Up/Low Motor Will Inc. Dec Other:

Appearance:	9000	fair	2000
Orientation:	poor	fair	(2003)

Blood Pressure:	121,	73 mmily
Height: 4	5 W.T.	-1551b8

CERVICAL DETHOPEDIC TESTS

Cervical Congression	+ - R/L
Jackson's Max. Com.	0.000
Distraction	10 R/L
Vasalva Test	* - R/L
Shoulder Depression	to ditte
Sato Hali	2 - NA
O'Donochurs	25, 60

Doctor's Signature: Wolane Olone

LUMBAR ORTHOPEDIC TESTS

Bocklerew's	+ - 和性
Kemp's	· Chr.
Couble Leg Raise	45 84
Web Leg /	4 - 9/1
Fabere's 5/1	0 1-8/1
Nachtas: /	(D. 22
By's Heer to Buttock	1 10
Yeoman's	(m. m)
O'Donoghues	0 00
	Chica

SHOULDER ORTHOPEDIC FESTS

mits with traces painter	A - 102
Apprehension	+-10
Apley's	1.10
Vacrgason	1 + 100
Drep Arm	1 +- 85
Diagon	1
Abolaren /	+ - 1/

ELROW ORTHOPEDIC TESTS

Med. Lig. Stability	140	200
Lat. Lig. Stability	+	R/L
Tingf's		MIL
Cazon's		A/L
soft's	+	机儿

WHISY/HAND ONTHOPEDIC TESTS

Allen's		8/1
Phaterisf	*	8/4
Firskelst Seria	+-	R/S

HIP ORTHOPDEDIC TESTS

Patrick Fabore	GY BY
Hilibits	0 0
Thomas	* - 8/1
Ober	4 - 8/3

KNEE ORTHOPEDIC TESTS

Parallor Tap	46.00
Anterior Drawer	+ - 8/1
Posterior Drawer 45	+ - 100
Varia Stress	(J) 68/2
Pintellar Gringing	C60
Apley's Compression	15-07/0
Ballattment	4 - 5/1
Accerior Drawer Sign	+ - R/L

AMELYPONS ORTHOPEOUR YESTS

Tolo-Fib Stubling		机
Ankle Dorsaliston	+ -	RAL
Homan (1	W.

MANIPULATION/MANUAL THERAPY CMT: 98940 98943 98943

C11695	30343 30342 30343
	4 # # # # # # # # # # # # # # # # # # #
11100	Monnel

PLAN & TREATMENT
Decompression Therapy C / T / E
19900 (to restore from and function, relieve
powers, per omote brosse heading, and its

93922 Intersegmental Traction (to perfect years redains, improve systematic traction (to exchange, and reduce the first of adhesion formation)

97010 Heat/ see to increase certain metabolism)

STIAD Myotascod/T.P.T (to derivate posper information and increme moust function)

97935 Ultranuand on oid the cleaning of forms achesions and softnessing at collegeous scar tester)

1210 Introching/Exercise the reviews &

when noth trave length and past range of

months and helps prevent injury recurrences

97112 Vibration Therapy/NM-RE (to help increase FCM, loss mustermen, and from muster to troots overall effort of a m

Continue	Modify PLAN OF
Discharge _	
IX ZX ZX XX SX	Daily for -
TWK ZWK 3WK	4WK

toned, firm, and healthy body)

Referral for Evuluation

	Medical Doctor Consultation
	Orthopedic Consultation
	Meurologia Cansultation
	Cain Maragement Corputati
X-Ray	

PSTCEVAL Chip th

Street Instruction

Stretch (Exmans) Rest speyment to shydical activity

Established Goals

beau overall body ROM/Testablity

Intresse overall body strength Improve gait/bulance

mercase strengthering of core muscles Decrease overall pany increase comfort

Comments

Letter of Contract Complete

Comments

Compared to the form of the compared to the c

to to disease to be no

5/0

Date of Injury: 10/2/2/24 Date of Visit: 10/20/2

PATIENT COMPLAINS OF PAIN IN:

New Mid Upper (SD) Low (CE) Hip R/L. Knoc Ryl. Ankle Foot R/L. Chest/Ribs Shoulder R/L Elbaw R/L Wrist/Hand R/A. Headaches Other

Timing: Constant



Activities of Duily Living Affected: Word School Bospe Rec Stop Spring Stage ling/Lynne Bending Letting/Grasping/Carry Push/Pall/Kngcl/Sarge/Overhead Cook/Clean/Childeare/Sports/PE

Notes:

OBJECTIVE

CERV THOR LUMB

TENIFER TENDER TEMPER TEMPER

C-ROM / A

WILL CARY

WNI. PAIN

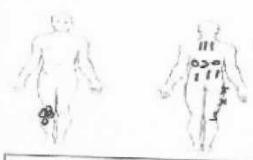
L-ROM (1

WINL CAPH

E-ROM 4

PAIN PAIN

ORTHONEURO EXAM:



Sharp- /// Duff/Acby- OOO Burning- XXX Throbbing T Stiff/Sure S Numbriess --- Trighting/ Noodles-++

ASSESSMENT

IMPROVING

DUNCHANGED

WORSENING

DRESOLVED

■ MILD ■ MODERATE ■ SEVERE

MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

1-12345

SACRUM/SI OCCUPLE

EXTREMETIES

MOVEMENT:

CERV. THER: LUMB. EXTREMITY GOOD GOOD GOOD GOOD PAIN PAIN PAIN PAIN RESIST RESIST RESIST

WIND ALTHERAPY MER TPART THOR LINE EXTENITY

REBOCCEPTAL LEVATOR SCAPULAE LATESHMUS DORSE QUAD LUMBORUM

TRAPEZIES REPORTEDS PECTORALS. PSOAS

WELLIE MEDIES UPPER EXT LINES: **CHILLIAMIS** POST

LOWER EXTLINES: (AN)

CYTERETE

MALISTA

REFERRALS: MD/CT/MRE/NYC/NEURO/ORTHO/INJECTIONS/PPE/FCE/PM/OTHER

OBJECTIVE KEY: FX-Joint restriction, SP-Spaces, HT-Hypathonic muscle, Wici, -Wellow normal limits

EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM 99205 99204 99203 99202 99201 99215 99214 99213 99212 99211

MODALITIES:

CPT SERVICE AREA/UNITS CTOTS EMSUNATIONED MECHTRACTION 97010 HOT/COLD APPLY (9719) MANUAL THERAPY 97035 LETRASOUND

CTED THER EXERCISES V:1 97530 THER ACTIVITIES WILD VERRATION / NAMES: 59090 DECDAMPRESSIDAL

CITIL EXERCISE/REHAD PROTOCOL MOTES:

Whiplesh Protocol ROM Strength Thompy Ball EX ROM Strength Springl Scabilization (ROM Strength Upper Ext Protocol RUM Strength

Acower Est Protocol (COM) Strength Treadmill/Bike

Functional Activities

REVIEW OF RECORDS:

PLAN

TREATMENT PHASE:

ACUTE SEB-ACUTE RELLAN EXACERBATION CONTINUE IN DESCHARGE

SCHEDULE:

2 TIMES PER WEEK FOR RE-CALLIATION DATE: WORK SATUS: OFF WORK LIGHT DUTY FULL DUTY

REMARKS AND COMMUNICATIONS

Agaste as responded well to treatment without iocident.

Name:

Date: 12 Office Only:

4.8

PROVIDER SIGNALITE: lechence Isl

PATIENT SENATURE

ENDER GENDER CENDER TISKEDER C-ROM T-ROM (L-ROM [

SURDCCIPITAL TRAPEZRE LEVATOR SCAPULAR

LATISSIMUS DORSI

QUAD LUMBORUM

UPPER EXTLINES:

LOWER EXTLINES: ANT POST

GLUTE MEDIES.

CITABLE:

RHOMBORDS

PECTORALS.

PIRIFORMIX

PSICIAN

ANT POST

SCHEDULE: TIMES PER WEEK FOR S WORK SATUS: OFF WORK LIGHT DUTY FUEL DOMY REMARKS AND COMMUNICATIONS Patient empanded well to beentment without

REFERRALS: MINCOMRIANVONEURO/ORTHO/INJECTIONS/PPE/FCE/PM/OTHER OBJECTEVE KEY: FX=fount restriction, NP=Spaces, HT=18-pertonic muscle, WM; - Within mortral founds

PROVIDER SIGNALITE When

Name: Ann Date: 12 Office Only:

incident.

Date of Injury: (427/24 Date of Visit: 10/27

EXAM and TREATMENT

INIT EVAL CMITTIERAPY BREXAM

99205 99204 99205 99202 99201

99215 99214 99213 99212 99211

AREA/UNITS

70.

ROM Strongth

CITIL

MODALITIES:

CPT SERVICE

GREEN FIME UNATTENDED

WATER MECH TRACTION

97010 HUTECOLD APPLY

97035 ULTRASOUND

Therapy Bull EX

Trendmill/Bike

Functional Activities

REVIEW OF RECORDS:

TREATMENT PHASE:

RE-EVALUATION DATE.

S TIMES PER WEEK FOR

EXACTRIBATION

DISCHARGE

SCHEDULE:

WORK SATUS:

O71TO THER EXEMISES.

97530 THER ACTIVITIES

97112 VIBRATION / NM-RE 19090 DECOMPRESSION

ENERCISE REHAD PROTOCOL NOTES: Whiplash Protocol ROM Strength

Spinal Stabilization Room Strength Lipper Est Protocol ROM Strength

Lower Em Protected Gerillo Strongth

PLAN

ACTITE SCHARTIFE REHAB PRIS

OFF WORK LIGHT DUTY PULL DAILY

REMARKS AND COMMUNICATIONS

CONTINUE To

97140 MANUAL THERAPY

PATIENT COMPLAINS OF PAIN IN:

Deck Mid Opportal Low Col Hip R.L. Know By L. Anklo Fore R.L. Chest/Rits Shoulder R/I Elle 185 Wrist/Hand R/L. Headnehex Other:

Timine: Constant Elemningh

Activities of Daily Living Affected: Will School Him Rec Sty Sales Samp Grant Laine Bonding Taking Graping/Carry Push Pull Kneel 1800 Overhead Cook/Clear/Childeane/Sports/Pf

Notes:

OBJECTIVE

CERV THOR LUMB EXT £x FX SPIPO SPID SPADE SPIRT

TENDER TENDER TENDER TENDER

C+ROM

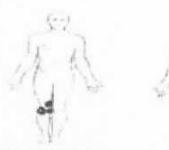
WNI. PAR

T-ROM P

WNL PAIN

L-ROM

WNI. PAIN



Sharp-/// Dull/Achy-OOO Burning-XXX Throbbing-T Stiff/Sore-S Numbness--- Tingling/Needles +++

ASSESSMENT

IMPROVING

MUNCHANGED

WORSENING

DRESOLVED

☐ MILD ☐ MODERATE ☐ SEVERE

MANIPULATION DOJUSTMENT

CMT: 98946 98947 98942 98943 C-100 4500

T-12345670 1010 NAKEREM/NE OCCIPUT

EXTREMETIES

MOVEMENT:

CERV THOR LUMB EXTREMELY GOOD GOOD GOOD GOOD PAIN PAIN PAIN RESIST RESIST RESIST RESIST

MANUAL THERAPY/MFR/TP/ART: CERY THOR LUMB EXTREMITY

SUBOCCIPITAL. LEVATOR SCAPULAE LATESSIMUS DORS! QUAD LUMBORUIM

TRAPEZHIS REIOMBORDS PECTORALS. PSGAS PERFORMES

OPPER EXTLINES: LOWER EXT LINES: ANT POST

ANT POST

GLUTE MEDIUS

COTTAINE.

REFERRALS: MINCEMRE/INVONEURO/ORTHO/INJECTIONS/PPE/FCE/PAGOTHER

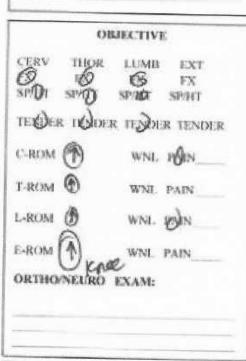
OBJECTIVE KEV: PX-Josef restriction, SP-Spanin, HT-Hypertonic mancle, W2st.-Within normal liones.

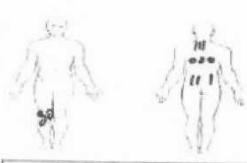
Sections responded well to treatment without

Name: And Date: 12 / 2 7/21 Time: Office Only

PATIENT DIGNATURE:

Hip R/L Kno	e (B) Ank	te/Frent R/1.
Chest/Ribs S	houlder R/L	Mes KC
Wrist/Eland R	 Headach 	ids
Other:		
Timing		
Corpotant Mix	Thisten.	
Aug. br		
Activities of I	bully Laving	Affecteds
Will School William Stanger	Hegae Ro	روح ،
legging 1.10	St. se unifficie.)	DINE.
Profit Pull Kne	d) Caracharda (Cara	CUPTY CONTRACTOR
Cook/Clean/Cl		
	massine office	Dec at
Notes:		





Sharp-/// Dull/Achy-OOO Burning-XXX Throbbing-T Stiff/Sore-S Numbness --- Tingling/ Needles ---

ASSESSMENT

DIMPROVING

WINCHANGED

WORSENING

RESOLVED ■ MILD ■ MODERATE ■ SEVERE

MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101132

1.-12345

SACRUM/SI. OCCUPATE

EXTREMETES

MOVEMENT

CERY: THOR: LUMB EXTREMITY: GOOD GOOD GOOD GOOD PAIN PAIN PAIN PAIN RESIST RESIST RESIST RESIST

(MANUAL THERAPS/MER/TP/ART: CERV THUR EXTREMITY

AURIOCCIPITATE LEVATOR SCAPULAGE LATESSIMUS DORSI QU/SHILLIMBORUEM

TRAPESTUS RITOMBOIDS PECTORALS PSCIAS PROFORMIS

GRETTE MEDIES UPPER EXT LINES:

ANT POST LOWER EXTLINES: ANT POST

OTHER:

REFERRALS: MD/CT/MRI/NVC/NEURO/ORTHO/INJECTIONS/PPE/FCE/PM/OTHER

OBJECTIVE KEV: 5X-limit systemme, SP-Spains, HT-Hypertonic muscle, WM,~Within normal limits.

EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM 99205 99204 99203-99202 99201 99215 99214 99213 99212 99211

MODALITIES:

CPT SERVICE AREA/UNITS MECH TRACTION 97010 HOTEOLDAPPLY 67140 MANUAL THERAPY

WINDS LILTRANOUND COVER THER EXERCISES

97530 THER ACTIVITIES 97112 VIBRATION / NM-RE 50090 DECOMPRESSION

CITIL

10

FI

YEL

EXERCISE/REHAB PROTOCOL NOTES:

Whiplash Protocol ROM Strength Thorapy Bull EX ROM Smongth

Spinal Stabilization (ROW) Strength Upper Est Protocol ROM Strength

A ower Fat Protocol ATMO Strongth Treadmill/Bike

Functional Activities

REVIEW OF RECORDS:

		- 1	в. 1	Ruit.
- 1		'n,	ъ.	2.00
- 77	-	_	***	

TREATMENT PHASE:

ACUTE SERACUTO REHAB PRIN EXACERBATION. CONTINUE TW DISCHARGE

SCHEDULE:

7 TIMES PER WEEK FOR

WORK SATUS:

OFF WORK LIGHT DUTY

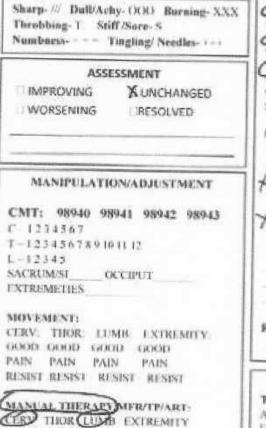
REMARKS AND COMMUNICATIONS

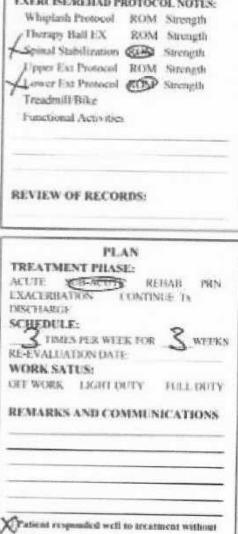
"Patient responded well to treatment without incident.

Name: 4ng

PATENT SHENATURE __ Office Only:

CERV O SPIO SPIO TEXTER THE PER TENER THE PER C-ROM (# WNI. BASK T-ROM (1 L-ROSS WNL 198N E-ROM (# WNL PAIN ORTHO/NETRO EXAM:





REFERRALS: MOJC UMRUNIVE/NEURO/ORTHO/INJECTIONS/PPE/FCE/PM/OTHER

(SUBOCCIPITAL)

LEVATOR SCAPULAE

LATISSIMUS DORSE

QUAD LUMBORUEND

GLUTE MEDIUS

OTHER:

TEPPER EXTLINES:

LOWER EXTLINES: ANT POST

OBJECTIVE KEY: FX-hand restriction, SP-Spain, HT-Hypertonic muscle, WNL-Within normal limits

PROVIDER SIGNATURE Allers

PATIENT'S SIGNATUR

Date: 5: 1

Office Only

(TRAPEZILE)

RUGMBORS

PECTORALS.

PIRIFORMIS

PONT

PSOAS.

CERV 6 HOER TENBER TENER PENER C-ROM T-ROM (T) WNL PAIN L-RGM 【章 WAL PAR E-ROM (1 WNL PAIN ORTHONEURO EXAM:

MANUAL THERABE/MFR/TP/ART: CEBY THOR (LUMI) EXTREMITY SUBOCCIPITAD TRAPEZIUS LEVATOR SCAPULAE REPOMERENS LATISSIMUS DORSI PECTORALS DUAD LUMBORUIS PSQAS GLUTE MEDIUS PIRIFORMIS UPPER EXT LINES: POST LOWER EXTLINES: des com OTHER

incident. Name:

99215 99214 99213 99212 99211 AREA/UNITS CITIL EXERCISE/REHAD PROTOCOL NOTES:

TREATMENT PHASE: ACTUTE CONTRACTOR REHAD PRN EXACERBATES. CONTINUE TV DESCHARGE SCHEDULE-3 TEMES PER WEEK FOR RE-EVALUATION DATE WORK SATES: OFF WORK LIGHT DUTY FULL DUTY REMARKS AND COMMUNICATIONS Kratical responded well to treatment without

OBJECTIVE KEY: FX Joint scarietion. 52*Spason, ITT-Hypertonic muscle, WNL: Within normal limits

REFERRALS: MIDICIAMRUNVC/NEURO/ORTHO/INJECTIONS/PPE/FCE/PM/OTHER



PATIENT'S SIGNATUR

Date: 12 Office Only:

Patient Name: Ang E. Vas	Date of Injury: 0-23	21 Date of Visit: 01/03/22
PATIENT COMPLAINS OF PAIN IN: Out Mid Copy Back On Back Hip R.J. Chest R.L. Ankle Foot R.J. Chest/Ribs Shoulder R.J. Elbow R.J. Wrist/Hand R.J. Headaches Other: Timing: Constant internation Activities of Daily Living Affected: Vost School Comp. Rev. Shop Little Manglen Walt pleasant Economy Introduction Copy Parti-Pati-Knack Stoop Overhead Cook/Clean/Childeare/Sports/Pt. Notes:	Sharp- // Dull/Achy- OOO Burning- XXX Throbbing- T Stiff/Sore- S Numbness Tingling/ Needles ASSESSMENT TIMPROVING XUNCHANGED WORSENING DRESOLVED	97810 HOTCHED APPLY 9783 LLTRASCEND 97830 THER EXERCISES \$1 97830 THER ACTIVITIES 97112 VIBRATRY NALHE S9090 DECOMPRESSION C / T / L EXERCISE REHAD PROTOCOL NOTES:
OBJECTIVE CERV THOR LUMB EXT CO G G G G G G G G G G G G G G G G G G G	MANIPULATION/ADJUSTMENT CMT: 98940 98941 98942 98943 C-1234567 I-123456789101112 L-12345 SACRUM/SIOCCIPUT_ EXTREMETIES MOVEMENT: CERV THOR LUMB: EXTREMITY: GOOD GOOD GOOD PAIN PAIN PAIN PAIN	Whitplesh Protocol ROM Strength Therapy Ball EX ROM Strength Spinal Stabilization GOM Strength Upper Est Protocol GOM Strength Lower Fat Protocol GOM Strength Treadmill Hisle Functional Activities
-ROM (1) I WNL PAIN	RESIST RESIST RESIST RESIST RESIST RESIST RESIST RESIST RESIST RESIST RESIST RESIST RESIST RESIST RESIST	PLAN TREATMENT PHASE: ACTUTE SECULD REHAR PRO EXACTRATION CONTINUE IX DISCHARGE SCHEDULE: 3. TIMES PER WHER FOR 3 WEEKS RESEVALUATION DATE WORK SATUS: OFF WORK LIGHT DRITY FULL DUTY REMARKS AND COMMUNICATIONS
EFERRALS: MDA TARRINVCASEURO/ORT	Α	Araticus responded well to recomme without

Office Only:

PATIENT COMPLAINS OF PAIN IN:

Nech Mid Lipper Took Low 1000 Hip R/L. Knee B/L. Ankle Foot R/L. Chest/Ribs Shoulder R/L Elbow R/L Wrist/Hand R/L Alester Other:

Timing:



Activities of Daily Living Affected: Work School Rose Rec Step Commo Sunday Well of the Renting Lieting Grasping Carry

Push/Pull/Knecl/Stoog/Civerhead Cook Charet hildcare Sports/PE

Notes: Head and neck

OBJECTIVE

CERV THOR DUMB EXT PHT SPE Po 6 SPACE

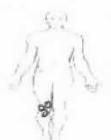
TEMPER TEMPER TEMPER TEMPER

C-ROM (1 FAIR AT LLY

WNL PAIN

ORTHO/NEURO EXAM:

II-RIDM (4





Sharp-# Dull/Achy-OOO Burning-XXX Throbbing- T Stiff /Sore S Numburs --- Tingling/ Needles +++

ASSESSMENT

IMPROVING SCINCHANGED WORSENING RESOLVED ☐ MILD ☐ MODERATE ☐ SEVERE

MANIPLE-ATTON/ADJESTMENT

CMT: 98940 9894D 98942 98943 C-1201500 Warush T-1234507780101112 1-12(4)

SACRUM/SI OCCUPLIE EXTREMETIES

MOVEMENT:

CERV. THOR: LUMB: EXTREMITY GOOD GOOD GOOD PAIN PAIN PAIN PAIN RESIST RESIST RESIST RESIST

MANUAL THERAPY/MFR/TP/ART: CERY THOR LUMB EXTREMITY

SUBDICCIPITAL TRAPEZHIS LEVATOR SCAPULAR REPOSEDIOR LATISSIMUS DORSI PECTORALS. QUAD LUMBORUM PSDAS CLUTE MEDIUS PIRIFORMES UPPER EXT LINES: ANT PEST LOWER EXT LINES: ANT POST OTHER

EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM 99205 99204 99203 99202 99201 99215 99214 99213-99292 99211

MODALITIES:

CPT SERVICE AREAGINTIS THIS EMS UNATTENDED 125 9797D MECH TRACTION 97030 HOTECOLD APPLY WITHO MANUAL THERAPY 97035 ULTRASOUND

COPPES THER EXERCISES KI 97530 THER ACTIVITIES. 97112 VIBRATION / NM-RE 59090 DECOMPRESSION CHTIL

EXERCISE/REHAD PROTOCOL NOTES:

Whiplash Protocol ROM Strength Thoragy Ball EX ROM Strength Spiral Stabilization & DM Strength Upper Ext Protocol (RCM) Strength Lower Est Protocol (ROM) Strength Treadend/Neke

Functional Activities

REVIEW OF RECORDS:

PLAN

TREATMENT PHASE:

ACTITE CUB-MENT REHAR PRN EXACERBATION CONTINUE To DISCHARGE

SCHEDULE:

2 TIMES PER WEEK FOR WILKS REFEVALUATION DATE. WORK SATUS:

OFF WORK LIGHT DUTY FULL DUTY

REMARKS AND COMMUNICATIONS

Cratical responded well to treatment without

REFERRALS: MD/CDMRENVONEURO/ORTHO/INJECTIONS/PPE/FCE/PM/OTHER

OBJECTIVE KEY: FX-Joint restriction. SP-Squeen, ST-Flagrationic muscle, WNI - Watnin normal limits

PROVIDER SIGNALITY Subleman &

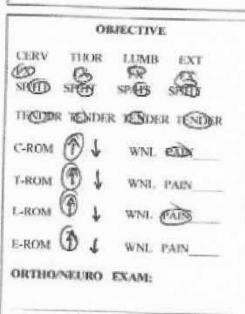
Name: PATIENT SIGNATURE Date: 01/G4/22 Office Only:

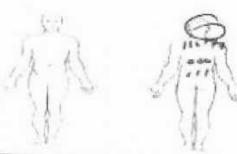
Case 1:22-cv-00159-H	Document 1-3	Filed 10/24/22 Date of Injury:	Page 101	of 144	Page	eID 111
PATTENT COMPLAINS OF PAIN IN:			6			TREATME

Neck A	tid Upper Lick 1.	ow lines
Class/Ri	Knoe R/L Anklo bs Shoulder R/L	Ellacon RA
Other:	and R/L. Membrane	5
Timing:		

Activities of Daily Living Affected: Work School Home Roc Sleep Sining Stating William / Lotte Dending Verry (inapping/Carry Pash/Pull/Keacl/Stoop/Overhead Cook/Clean/Childeare/Sports/PE

Notes:	





Sharp-/// Dull/Achy-O(X) Burning-XXX Throbbing-T Suff/Sore-S Numbness- -- Tingling/ Needles- +++

ASSESSMENT

□ IMPROVING ☐ WORSENING

LUNCHANGED **INESOLVED**

☐ MILD ☐ MODERATE ☐ SEVERE

MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-121456789101112

L 12345

SACRUMIST

EXTREMETES

MOVEMENT:

CERY: THOR: LUMB: EXTREMITY GOOD GOOD GOOD GOOD PAIN PAIN PAIN PAIN RESIST RESIST RESIST RESIST

SHANDAL THERAPY/MER/TP/ART CERY THOR CUMB EXTREMITY

SUBSCIBITAL. TRAPEZHIS LEVATOR SCAPULAE RHOMBOTES LATISSIMUS DORST PECTORALS **GEADLUMBORUM** PSOAS GETTE MEDIUS CERTIFIED RIMES UPPER EXTLINES: ANT POST LOWER EXTLINES: ANT POST

NT

INIT EVAL CMT THERAPY RE-EXAM 99205 99204 99203 99202 99201 99215 99214 99213 99212 99211

MODALITIES:

	EMS UNATTENDED	AREAGINITS
97年	MECHTRACTION	61
97010 (Fills	HUDICOLD APPLY MANUAL THERAPY	Pi
970,35	ULTRASOUND THER EXERCISES	63
97530	THER ACTIVITIES	
59090	VIBRATION / NM-RI DECOMPRESSION	CITIL

EXERCISE/REHAD PROTOCOL NOTES:

Whiplash Protocol	ROM	Strongth
Dienay Ball EX	ROM	Strength
Spinal Stabilization	REAM	Strongth
Ulgper Est Protocol	ROM	Strongth

Lipper Ext		REDM	Strong
Nower Est	Protocol	REMO	Strongt

Treadmi	II/Bike
Wentles	of Australia

REVIEW OF RECORDS:

	PLAN	
TREATM	ENT PHASE:	
ACUTE :	STREET, STREET	EHAR PRN
EXACERBA	management of the Control of the Con	NUE To
DISCHARGE		2000
SCHEDUL	E:	
3 1100	S PER WEEK FOR	3 WEEKS
		- NULLE
	CONTRACTOR OF THE PARTY OF THE	
RE-EVALUE WORK SA		

REMARKS	AND CO	MENT	NK.	ATIONS
---------	--------	------	-----	--------

		_

incident. Name: Ana Vasquez

THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN 1			-
Date: 01/65/22 Office Only:	Timo:	5	18 pm

REFERRALS: MD/CT/MRE/NVC/NEURO/ORTHO/INJECTIONS/PPE/FCE/PMOTHER

OBJECTIVE KEY: FX-Joint restriction, SP-Sparen, HT-Flygertonic muscle, WNL-Water occurred familie

PROVIDERSIONALITE Elefenne Obl

SUBJECTIVE FINDINGS:



Ç,			

Sharp- /// Stiff/Sore- 5 DOD Achy- DOD Numbreas ---Burning- XXX Throbbing- T Tingling/ Needles-+++

Activities of Daily Living:

Work Heme Stune/ Standing/ Walleng/ Mass Derichal efficiel Grassing/ Carrel Push/ Pull/ Kneel/ Stoog/ Cook/ Overhead/ Clean/ Childcare/ PE

OBJECTIVE FINDINGS:

CERV THOR LUM8 CED 100 CEA SP/AS SP/AS SP/AS THROUGH TENDER TENDER TENDER

CROM ATEDEC WILL CARD

T-ROM INC DECIMED PAIN L-ROM INC DEC WIS PAIN E-ROM DEC WILL DW

D.T.R. 1-hypo 2mnormal 3-hyper___ Up/Low Sensory Will tric. Dec Up/Low Motor WINL Inc. Dec

Other:

Appearance: poor fair _@ Orientation: poor fair room

Blood Pressure: Height: 4

CEMMENT CHECKEN

PRINCIPLE CHESTON OF THE	11212
Cervical Compression	+ - 7/1
lackson's Max. Com.	A-8/L
Distraction	+ - 9U/L
Vasalva Test	± - 8/L
Shoulder Depression	50 L 2/2
Sota Hall	= 11/1
O'Dormoleuser	-

Doctor's Signature: Suckeye a Release

LUMBAR ORTHOPEDIC TESTS

SANTA DELIGINAR III	* A/L
Kemp's	1 - 60
Double leg Raise	+A 80
Well Leg	0 80
Fabere's	1 - 86
Nachlas	107.00
Dy's Heet to Suttock	L RO
Veorman's	- Oan
O'Demorrage	Dive

SHOULDER DREHOPEDIC TESTS

Supraspinutus Press	+- 4/1
Apprehension	* 8/1
Apley's	+ - 8/1
Yeargayen	4 - R/L
Orop Arm	+ - 6/1
Digas	4 - 8/5
Abd/Arets	+ - 8/1

Driow ORTHOGEDIC TESTS

Med. Lig. Stability	1 - 80
Lift, Lig. Stability	+ - 8/1
Tinet's	4 - 6/2
Cozen's	+ - 8/1
Mil's	+ - 50

WRIST/HUSED DRITHOPEDIC TESTS

Allen's	4 - RA
Photos's	+ - 11/1
Finketstein's	* - R/I

HIP ORTHOPOEDIC TESTS

Patrick Fatiery	+ Onn
Hibbs	1000
Thomas	+ 81
Oper	+ - 8/1

IDEET ORTHOPPOIC TESTS

Patellor Tap	+ 8/1
Anterior Drawer	+ - R/L
Posterior Drawer	* B/L
Varus Stress.	6.0
Fatellar Grinding	+ R/1
Apiley's Compresion	1 R/L
Ballottment	+ - 10%
Antenor Drawer Sign	* R/L

ANKLE/FOODORTHOPPING YOU

The second secon	WF 18313	
Talin Fib Sastricky		R/L
Ankle Darsellesian		RA.
Haman		R/I

MANIPULATION/MANUAL THERAPY CMT: 98940 \$3415-98942 38943

G1200567 T-123456 (69 10(T)) 1-12000 Manual

RE-EXAM CODES

99215/ 99214 99213/ 49212/ 99211

ASSESMENT.

Improvement Uncharged Worsening Exace/bation

PLAN & TREATMENT

Decompression Therapy C /T / L

\$8000 (to restore form and fuestion, retirive 200 Street, part and inflammation!

52814 EM.S. (taltelo derresse musice spatrice, promote trease hossing, ded the emalgraph offices

17017 sytersegmental Transium (10 promise joint modulity, improve opinional frame exchange, and reduce the cut of autorosm freewatered.

97010 Heat/ See (to entrain religior

ipaismi FIAU Mantascial/T.P.T (no secretar pare otermicumation and amprove tissue function!

97035 Ultrasound (to set the cleaning of fitness adhesions and sollowing of consequences seen timeself

97110 Stretching/Exercise its marcus & make with transmiences and joint range of and helps proceed open countries;

#7112 Vibrasion Therapy/WM-RE (to Crease RCM, lean muscle mass and time musdes to meste overall effect of a more toom! firm, and healthy body.

Continue __ Modify PLAN OF CARE

Discharge __ PRN EN EX EX AN EN CHIEF for -TWE TWEETHER

Referral for Evaluation

Medical Doctor Consultation Onhopedic Consultation Neurologist Consultation

Pain Management Consupolic X-Raw MREE/CT-Scient

Monie Instruction:

PSYC EVAL

Street Rest Ice/Hest No physical activity

JOL2 Terro

Established Goals

Increase over all body ROM/Senbilli increase average body strength Improve gait/bullence

chase strangthening of core mus. Ancrease overall pain/increase con

etient will

2)345678910 Re-Exam 1

Date of Injury: 1 = 23 2 Date of Visit: 1 13 22

PATIENT COMPLAINS OF PAIN IN:

Kesk Mid Upper 1864 Low 1860 Hip R/L. Knye R/L. Ankle/Foot R/L. Chesi/Rihs Shoulder R/L Elbow R/L Wrist/Hand R/L. Headaches Other:

Timing: Constant Intermites

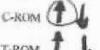
Activities of Daily Living Affected: School Siege Rod Sloep Siting Standing Walking by Sending William Grussing/Carry Push Pult/Kneel/Stoop/Overboad Cook/Clean/Childcare/Sports/PE

Notes:

OBJECTIVE

CERV THOR LUMB 25 SP/RD SP/RD SMM.

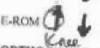
TEXAGER TENDER TEXADER TEXADER



WILL COM



PAIN PAIN WILL PAIN



WNI. RAIN

ORTHONEURO EXAM:





Sharp-/// Bull/Achy-OOO Burning-XXX Throbbing-T Stiff/Sore S Numbress--- Tingling/Needlep ***

ASSESSMENT

DIMPROVING

UNCHANGED

☐ WORSENING

TRESOLVED

☐ MILD ☐ MODERATE ☐ SEVERE

MANIPULATION/ADJUSTMENT

CMT: 98940 98941 98942 98943

C-1234567

T-123456789101112

1-12345

SACREDM/SI OCCUPANT

EXTREMETIES

MOVEMENT:

CERV: THOR: LUMB: EXTREMITY. GOOD GOOD GOOD GOOD PAIN PAIN PAIN PAIN RESIST RESIST RESIST RESIST

MANUAL THERAPY/MER/TP/ART: CERY THOR LUMB EXTREMITY

SUBDICCIPDIAL CEVATOR SCAPULAE LATISSEMUS DORSE QUAD LUMBORUIM GLUTE MEDIUS

TRAPEZIUS **IDEOMBOIDS** PECTORALS PSOAS

UPPER EXTLINES:

PORTFORMES AMT POST

LOWER EXTLENES: CANT PROSS

REFERRALS: MERCE/MRE/NYC/NEURO/ORTHO/INJECTIONS/PPE/FCE/PM/OTHER

ORIKA TIVE KEV: FX-lood restriction, SP-Spane, 117-Hypertonic muscle, WML-Willow normal lemma

EXAM and TREATMENT

INIT EVAL CMT THERAPY RE-EXAM 99205 99204 99203 99202 99201 99215 99214 99213 99212 99211

MODALITIES:

59090 DECOMPRESSION

CPT SERVICE AREAGINITS TITLE EMS UNATTENDED 41 WHILE MECHTRACTION XL 97010 HOTECOLD APPLY WITAG MANUAL THERAPY 741 \$2035 ULTRASOUND WILLIO THEIR EXERCISES. XI 97530 THER ACTIVITIES TILD VIBRATION/NAME

EXERCISE/REHAD PROTOCOL NOTES:

Whinlish Protocol ROM Strength Thompy Ball EX ROM Strongth Spinal Stabilization ROM Strength Upper Ext Protocol ROM Strength Lower Ext Protocol ROM Sergets

Treadmill/Bike

Functional Activities

REVIEW OF RECORDS:

PLAN

TREATMENT PHASE:

ACUTE SUB-ACUTE REITAR PRN EXACERBATION CONTINUE TO DISCHARGE

SCHEDULE:

SZIJIMES PER WEEK FOR WITTERS RE-EVALUATION DATE: WORK SATUS: OFF WORK LIGHT DUTY FULL DUTY

REMARKS AND COMMUNICATIONS

Patient requiried well in treatment without incidest.

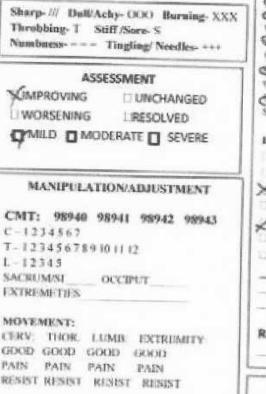
Name:

Date: Of July Office Only:

Time:

MOVIDER SIGNALITE Meherna Ob

TOWER TENDER TENDER (EMBER C-ROM F WILL PAIN T-ROM WALL PAIN L-ROM E-ROM WILL PAIN ORTHO/NEURO EXAM:



MANUAL THERAPY/MFR/TP/ART:

LOWER EXTLINES: (AND COST)

TRAPPING

REPOMERADES

PECTORALS.

PIRIFORMES

PSERAN

ANT POST

CLEEK THOSE EUMB EXTREMETY

CSUHICK CHELTAL

CEVALUE SCAPULAR

LATISSIMUS DORSE

QUAD LUMBORUM

UPPER EXT LINES:

GLUTE MEDIUS

PLAN TREATMENT PHASE: ACUTE M/B-ACUTE CENTAL PRN ENACERBATION CONTINUE IX DESCREAMOR SCHEDULE: TIMES PER WEEK FOR RE-EVALUATION DATE WORK SATUS: OFF WORK LIGHT DUTY FULL DUTY REMARKS AND COMMUNICATIONS Selfutions responded well to treatment without

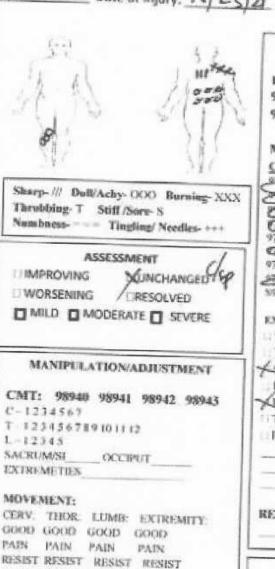
REFERRALS: MD/CT/MRI/NVC/NEURO/ORT	HO/INJECTIONS/PPE/FCE/PMOTHER
OBJECTIVE KEY: FX=foint restriction, S0=Spnum, F	T (Hypertonic muscle, WNI, -Within normal limits

PROVIDER SIEMALITE MAN OB

Name: Ana Date:01/19/12 Time: Office Only:

meident.

	Ol	LIECTIVE	
CERV	(ES)	SPED CS LUMB	P20
CENTED III	TENDER	R TENDER	WINDS
Z-R/064	DI	WNL .	PARS
-ROM	1 1	WND	
-ROM	1 1	END	PAIN
-ROM		WNL 1	EALS
RTHO	NEURO		



MANUAL THERAPY/MER/TP/ART: THOR LUMB EXTREMITY SERVICENAL. WEAPEZES! LEVATOR SCAPULAL REPOMBORDS LATISSIMUS DORST PECTORALS. **QUAD/LUMBORUM** PSDAS GLUTE MEDIUS PERTIFOREMES.

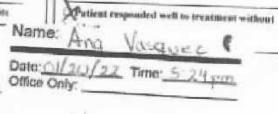
UPPER EXTLINES: LOWER EXTLINES: OUR FOST

ANT POST

KARD.

REFERRALS: MIDICIAMREN VONEURO/ORTHO/INJECTIONS/PPEAFCE/PM/OTHER

OBJECTIVE KEY: FX-Soint restriction, SP-Spann, 171-14spertonic muscle, WNI, -Within normal female



PLAN

CONTINUE 78

WEEKS

TREATMENT PHASE:

RE-EVALUATION DATE.

OFF WORK LIGHT DUTY

EXACERBATION

DISCHARGE

SCHEDULE:

WORK SATES:

ACTURE SUB-ACTURE CERTIFIC

2. TIMES PER WEEK FOR

REMARKS AND COMMUNICATIONS

FATIENT SIGNATURE:

OBJECTIVE KEY: #X"-Joint restriction, SP"Spann, HT" Hyperhoote muscle, WNL "Within account limits

PROVIDER STENATURE: LOLLING Col

Antient responded well to treatment without incident.

Date: 01/26/21 Time: 4:59 pm Office Only:

PATIENT COMPLAINS OF PAIN IN:	(i) (i)
Cook Mid Upper Bek Life Red Hip R/L. Kness BL. Ankle/Foot R/L. Chess/Ribs Shoulder R/L. Chess/Ribs	III Mg
Wrist/Hand R/L. Headaches	1 1 1 2 2 19 1
Timing	
Constant Intervalue	241
Activities of Daily Living Affected: Work School Home Rec Sleep Only Wakes Lying	Sharp-/// Dull/Achy-(XX) Burning-XXX Throbbing-T Stiff/Sore-S Numbness Tingling/ Needles-+++
Push Pall Kneel/Stoop Overhead Cook/Clean/Childean Sports/PE	MILE ASSESSMENT IMPROVING ITUNCHANGED WORSENING DRESOLVED
Notes:	
	MANIPULATION/ADJUSTMENT
	CMT: 98940 98941 98942 98943 C-1234567
OBJECTIVE	T-123456789101112 112345
ERV THOR LUMB EXT	SACRUMASI OCCUPUT EXTREMETIES
	MOVEMENT-
THE TENDER TENDER THEFER	GOOD GOOD GOOD GOOD
RIM WIL PAIN	PAIN PAIN PAIN PAIN RESIST RESIST RESIST
ROM 1 4 ONS PAIN	MANUAL THERAPPIMER/TP/ART:
ROM T I WID PAIN	SUBOCCIPITAL GRAPEZES
ROM I WNL PAIN	LATISSMUS DORS! PECTORALS
THONEURO EXAM:	QUAD LUMBORUM PSOAS GLUTE MEDIUS PROFORMIS
	UPPER EXTLINES: ANT POST
	OTHER EXTLINES: CONFIDENCE
FERRALS: MD/CT/MRE/NVC/NEURO/OR	
HECTIVE KEY, PX-four systelesiss, NP-Spaces, 1	12 - Phyperhenie muscle, Whit, "Within normal limits

INIT EVAL CMT THERAPY RE-EXAM 99205 99204 99203 99202 99201 99215 99214 99213 99212 99211 MODALITIES: CPT SERVICE AREAGNITY STATE OF THE STATE 97010 HODCOLD APPLY WILD MANUAL THERAPY XI 97035 LILTRASOUND 2770 DIER EXERCISES XI \$7536 THER ACTIVITIES TID VIBRATION / NM-RE X S9090 DECOMPRESSION CITIL EXERCISE/REHAD PROTOCOL SOTES: Whiplash Protocol ROM Strength Thorapy flall EX ROM Strength Spinul Stabilization Des Barcana Upper Est Protocol ROM Strength Lower Est Protocol 2000 Serseti Treadmell/Biled Functional Activities REVIEW OF RECORDS:

EXAM and TREATMENT

	1	PLAN		
AC EX DES	EATMENT PH UTH SUB-ACT ACCERBATION CHARGE HEDULE:	UTE A		
	TIMES PER V EVALUATION D		3	WELK
	ORK SATUS:	O'LHE.		
	WORK LIGHT	Trures	100.00	the rem
RE	MARKS AND (COMMU	NICAT	TONS
_				
				_
			-	thout

Date: 01/23/21 Time: 4 42 pm

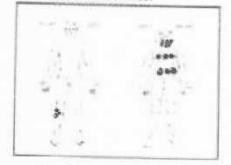
Office Only:

Office Only:

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 109 of 144 PageID 119

asaue7 D.O.I.: 10.23.2 Patient Name: +

SUBJECTIVE FINDINGS:



Character:

Sharp- /// Stiff/ Sore- S Dull/ Activ- DOC Numbers are SOCK -goinnuill Throbbing- T Tinging/ Needles- +++

Activities of Dally Living:

Work Hermon Sleep. Offiny/ Standing/ Walking/ Lying/ Bending/ Lifeins/ Grasping/ Carry/ Push/ Pull/ Kneel/ Stoop/ Cook/ Overhead/ Clean/ Childcare/ PE **OBJECTIVE FINDINGS:**

CERV THOR 11546 680 ETIS 609 SPACE SP/HT SP/HT SP/HS TEMMER TENDER TENDER TENDER

C-ROM INDIDEC WILL RELEA I'-ROM INC DEC MAD PAIN L-ROM INC DEC THE PAIN_ E-ROM INC DEC WAS BOOK _ Kace

D.T.R. 1=hypo 2=normal 3=hyper_ Up/Law Sensory WINL-Inc. Desc Up/Low Motor Will Inc. Dec. Other:

Appearance: _poor_fair_@500 Orientation: poor fair cood

Blood Pressure: Height: 4 . 8 W.T.: ISS INT

CERVICAL ORTHOPEDIC TESTS

Cervical Compression	+-8/1
Jackson's Max. Com.	+ - R/L
Distraction	* - 7/1
Vasalva Test	4 - 3/L
Shoulder Depression	+ - 11/1
Sicto Hutt	+ - R/L
O'Donoghues	4 - R/L

LUMBAR ORTHOPEDIC TESTS

Beckterew's + - 17/1 Kerno's # - RAL Double Leg Raise * - RA Well Leg * - RAL Fabore's + - 两几 Nochlas + - R/L Ely's Heet to Buttock 4 - 19.11 Yeoman's * - 8/1 O'Donoghues + - R/L

SHOULDER ORTHOPEDIC TESTS

Supraspingtos Pross + - R/L Apprehension + - 10% Aplny's * - R/L Yougason * - 8/1. Drop Army * - R/L Dugas | + - R/L Abd/Arch + - R/L

FLINOW ORTHOPEDIC TESTS

Med. Lig. Stability * - 現化 Lat. Lig. Stability + - 現几 Tingt's = - R/L Copen's + - R/L MES * - RA

WRIST/HAMO ORTHOPEDIC TESTS

Allen's # - R/L Pholon's + - R/L Finketstein # - K/L

HIP ORTHOPOEDIC TESTS

Patrick Fahere + - R/L Hibbs * - 7/1 Thomas-+ - R/L + - R/L

KNEE ORTHOPEDIC TESTS

Patellor Tap + - R/L Anterior Drawer - R/L Posterior Drawer + · K/L Varus Stress * - R/L Patellar Grinding $k \rightarrow B/L$ Apley's Compresion * - N/L Buildsment # + H/L Anterior Drawer Sign # - R/L

ANKLE/POOT ORTHOPEDIC TESTS

Talo-Fib Stability + - RIL Ankle Obrsitlewon + - R/L Homan + R/L

MARIPUCATION/MANUAL THERAPY CMT: 98940 /98941 98947 98943

CINTERD T-1236 780 780 12 1-12 (50) Manual

RE-EXAM CODES

99215/99214/59213/399212/99211

ASSESMENT:

findrousment Undhanged Execurbation

PLAN & TREATMENT

Decompression Therapy C / T / L

59090 sta restare form and function, relieve joint stress, pain, and inflammation)

87854, E.M.S. (he help decrease muscle spetitis, promote tissue healing, and its enc effect)

ottotal Intersegmental Traction ito promote joint restable, improve systemal fluid exchange, and reduce the rul of adherons

97010 Heat/for the environmentalists mateholicasi

(271) Myofascial/T.P.T (to decrease pain and inflammation and improve tissue **Nacioni**

97035. Ultrasound the aid the deaning of Nonous adhesions and softening of collagendes size tissue)

WILD Stretching/Exercise in increase & multivate such steams langue; and juste range of specials and helps prevent many recurrence? 971.28 Vibration Thurspy/NM-RE (to

help increase SOM, lean muscle must and fero muscles to create ownut effect of a neav corned, firm, and breattly body)

Continue ___Modify PLAN OF CARE (Difference) PHON

IN IX IX 4X 5X Daily for -1WK 2WK 3WK 4WK

Referral for Evaluation

Medical Doctor Consultation Orthopedic Consultation

Neurologist Coroultation

RE-N Pain Management Consultation X-Ray

MRI/CT-Scan

PSYC EVAL

Hipme Instruction:

Stretch Corrects Rest scoftwat

No physical activity Established Goal:

increase overall body ROM/Resibility increase overall body strength.

improve gait/balance

jacrease strengthening of core muscles

Decrease overall pain/increase comfort

lettert wo veldous form (one more play

Re-Exam 1 2 3 4 5 6 7 8 9 10 Release

IDEAL PAIN & INJURY

13101 Preston Rd, Ste. 480 Dallas, TX 75240 Phone: 972-252-7246 Fax: 972-252-7242

PATIENT FINAL RELEASE FORM

I. And loss are a m being released from Ideal Chiropractic Pain and Injury and the treating doctor(s) due to the completion of my treatment on (date) 02/18/22. I fully understand that upon signing this form I agree with the following:

- I am aware and agree with all the documented visits and treatment that were done to me while I was a patient at Ideal Chiropractic Pain and Injury. These treatments include, but are not limited to:
 - Adjustments, ultrasound, electrical muscle stimulation, traction, ice/heat therapy, exercises, stretches, rehab, diagnostics (x-rnys, MRI, CT, EMG, etc.), medical referrals and or any other treatment necessary to help with my condition.
- I agree with dates of my visits.
- I agree that all the signatures in my file and daily notes were signed by me and no one else.
- 4) I authorized Ideal Chiropractic Pain and Injury to send this form along with any initial/final report, daily notes, and chiropractic/medical bill to any Attorney, Insurance adjuster, Investigator, or Third-party provider for their records. If any additional information is needed from Ideal Chiropractic Pain and Injury by an Attorney, Insurance adjuster, Investigator, or Third-party provider I will need to be notified before any document or personal information can be released.
- I also agree that as of today my condition has significantly improved and I have no or mild pain/soreness for the time being, but may worsen depending on the severity of my condition and may require future chiropractic/medical care. These conditions include, and are not limited to: DJD, Fractures, Dislocations, Disc Herniation/Protrusion, Sprain/Strain, Arthritis, Muscle/Tendon/Ligament tear/Rupture, etc...

	À	-	11 -	7		
Patient Name:	HATIO.	C.	Vasquez	+ loves	Date: 00	10/22
Patient Signature	- 0	Sold .	*	1. 341	crisic, C. A.	10121

VASOUEZ ANA CONTINENT 1383 Filed 10/24/22 Page 111 of 144 PageID 121 age 1/29 MEDICAL RECORDS - CONFIDENTIAL

FROM:

ADHC ED 7502 Greenville Averse DALLAS TX 75231-3802 Phone: (469) 221-6000 Fax: (713) 383-4445

TO:

ATTENTION:

Name: ANA VASQUEZ

DOB: 08/01/1983

Date of Range 10/23/2021 to 10/24/2021

VASQUEZ, ANA

SEX: FEMALE ACE:38 VISIT ID: 234617

MRN: 266686

DD8: 08/01/1983

DR. BURKETT

008: 10/24/2021

Patient Information

	Patient Registration	
Last Name: VASQUEZ First Name: ANA Middle Name:	Name: ANA VASQUEZ Addross: 5845 RANCHO DR	
Address: 5845 RANCHO DR QUINLAN	Relationship to patient:	
City: Quint, an State: TX Zip: 75474 Home: Phone: (469) 671-1659 Work Phone: Mobile Phone: (469) 671-1659 Sex: F Date of Birth: 08/01/1983 Social Security No.xxx-xx-9999 Patient email:	Date of Birth. [[GUARANTO] Social Security No. 9999991 Phone. () Name: DANIEL FLORES Relationship: spouse Phone: (214) 573-3637 Mobile Phone.() Patient athena ID: 266686	999
Bal		
Insurance Plan Name: Policy Makes (if with a then policy)	mary Insurance Information Outey Adamston	
Last Name: Middle Name: Address: Date of Birth:	First Name: Policy/Group No.: State: Sex:	D/Certification No.: Zip.
See	ndary Insurance Information	
Insurance Pian Name: Pulis Muhami Amerika patron	Pietics beforeguitiess	
Last Name:	First Name:	D/Certification
Middle Name: Address: Onte of Birth.	Policy/Group No State: Sex.	Zip:
16	expital Stay Information	
Visit D: 234617	200 April 1990 April 1	

Patient Age: 38 YR
Visit Primary Insurance.
Visit Secondary Insurance.
Check In Date: 10/23/2021 19:55
Discharge Date: 10/23/2021 23:25
Admission Type: Emergency

VASQUEZ 4.22-07-0615944 Document 1983)Filed 10/24/22 Page 113 of 144 PageID 123 age 3/29

Discharge Status: Discharged to home or self care (routine discharge)

Visit Room:

Visit Bed.

Admitting Provider BURKETT, JOSEPH Attending Provider: PATEL_RAVI_MD Admitting Provider BURKETT, JOSEPH

Operating Provider:

Other Operating Provider.

Discharge Summary Date: 2021-10-23 (open)

VASQLEZe 1.22-cv-00159 A Decument 1933) Filed 10/24/22 Page 115 of 144 PageID 125 ge 5/29

AD Hospital East, LLC 7502 Greenville Avenue, DALLAS, TX 75231-3802 Phone: (469) 221-6000 | Fax: (713) 383-4446

Marrie Ana Vasquez 5ca

38 years old

Dicker 08-01-1983

255586

RKE Other Race

Ethnicity Hispanic or Latino/Spanish

Language Spanish

Address

5845 Rancho Dr Quinlan, Quinlan, TX 75474

Hame Phone (469) 671-1659

Work Phone None recorded

Below is a summary of the hospital visit for Ana Vasquez. This patient was seen and treated at AD Hospital East, LLC. If you have any questions please contact us at (469) 221-6000.

Visit Details

Admitted On: None recorded

Admit Attending: Joseph Burkett, MD

Admitting Diagnoses: None recorded Discharge Diagnoses:

Admit Service: None recorded

PCP: None recorded

Pharmacy: None recorded

Discharge Signed By: JOSEPH_BURKETT MD Discharged On: 23:25, 10-23-2021

Discharge Attending: Joseph Burkett, _MD

headache; vehicle accident; strain of neck muscle; strain of back muscle

Condition: Stable

Disposition: home or self care

Facility: None recorded Discharge Signed On: 22:59, 10-23-2021

Visit Summary Discharge Diagnoses

- Headache
- Vehicle Accident
- Strain Of Neck Muscle
- Strain Of Back Muscle

Hospital Course

VASOUEZ ANA (it of 15594) Poblicial 1983) Filed 10/24/22 Page 116 of 144 PageID 126 age 6/29 Discussed with pt, no obvious serious injuries seen by radiology on cts and xrays. Also discussed limitations on sensitivity of these imaging techniques and that some serious injuries may be missed. She may need an MRI as an outpt, and to f/u with spine, ortho, and trauma team without fail. Pt acknowledged all of these things and agreed with plan.

Consults

None recorded

Labs and Imaging Completed Labs and Imaging

- CT Head/Brain Wo/Dye(70450)
- CT Cervical Spine Wo/Dye(72125)
- CT Chest W/Dye(71260)
- CT Abdomen & Pelvis W Dye(74177)
- · CBC
- BMP
- · CMP
- Urinalysis W Micro Auto
- HCG Qualitative, Urine

Pending Labs and Imaging

None recorded

Discontinued Labs and Imaging

- Xr Hip 2+ Vws Right(73502)
- Xr Hip 2+ Vws Left(73502)

Discharge Vitals

VASQUEZ ANA CV-00159-HP Document 1-883 Filed 10/24/22 Page 117 of 144 PageID 127 age 7/29

Vital	Most Recent	Time	4 Hour Range
Oxygen seturation	99 % room air	20-23-2021 23:18	99 56 - 99 56
Height	4 ft 11 in (149,85 cm)	10-23-2021 20:57	4 ft 31 in (149.86 cm) - 4 ft 11 in (349.86 cm)
ВМІ	31.331	10-23-2021 20:57	31.331 - 31.331
Weight	155 lbs 2 oz (70.36 kg)	10-23-2021 20:57	155 lbs 2 oz (70.36 kg) - 155 lbs 2 oz (70.36 kg)
Respiratory rate	20	10-23-2021 23:18	18-20
Blood pressure	113 / 72 (86) sitting upper arm - left adult - large	10-23-2021 23:18	110/87 - 113/72
Heart rate	82 bpm regular cardiac monitor	10-23-2021 23:18	82 bpm -93 bpm
Temperature	98.2°F oral (36.78 C)	10-23-2021 23:18	98.2°F (36.78 C) - 98.5°F (37 C)
Pain levyl	5 numeric	10-23-2021 23:18	6-7
	Secretary and the secretary		

Intake & Output 24 Hour Total

mtake

O.Oms.

Output

0.0mi

Net Balance

Om.

Discharge Instructions Nursing Summary of Care

None recorded

Patient Goals

None recorded

Patient Instructions

Please follow up with the trauma team and spine physicians without fail. Please return to the ER immediately if you have increased pain or any other new or concerning symptoms.

Allergies

The following allergies have been listed for the patient:

NKDA

Medications

*Medication reconciliation has not been completed.

Medications listed under Home Medications are recorded upon start of the visit.

Home Medications

No medications were recorded.

Medications listed under start are new medications the patient is being

Discharge Planning Notes

Date: 10/23/2021 19:55 to 10/23/2021 23:25

· 23:20, 10-23-2021

Start These Medications

Discharge discussed with patient and from the discharge paperwork and provided patient with a copy, reading over important points to patient with interpreter. LVN obtained patient signature on discharge paperwork. All of patients questions answered at this time. Pt ambulating to ER waiting room exit with husband. No s/s of distress.

Entered by Sonia Burnett | 23:27, 10-23-2021

Patient Discharge Instructions

Date: 10/23/2021 19:55 to 10/23/2021 23:25

Patient Discharge Instructions

AD Hospital East, LLC 7502 Greenville Avenue, DALLAS, TX 75231-3802 Phone: (469) 221-6000 | Fax: (713) 383-4446

Marne Ana Vasquez

DOM 08-01-1983

(469) 671-1659

© 255585

Dear Ana Vasquez,

Below is a summary of your hospital visit. If you have any questions about the care you received, please call AD Hospital East, LLC at (469) 221-6000.

Your Visit Details

VASQUEZ ANA (id #266586 Dictiment 1 383 Filed 10/24/22 Page 119 of 144 PageID 129 Admitted On: None recorded Discharged On: 23:25, 10-23-2021

Discharged On: 23:25, 10-23-2021

Admit Attending: Joseph Burkett, _MD Discharge Attending:

Joseph Burkett, _MD

Admitted For: None recorded

Discharged With:

headache; vehicle accident; strain of neck muscle; strain of back muscle

Discharge Instructions

Patient Instructions

Please follow up with the trauma team and spine physicians without fail. Please return to the ER immediately if you have increased pain or any other new or concerning symptoms.

Unberger by ADS are 22,980 11, Mil. 23,581 15,23-20,11

Medications

*Medication reconciliation did not occur, please consult your PCP for further information.

Medications listed under start are new medications you are being given.

Start These Medications

No medications need to be started at this time.

Education

Refer to the following educational materials for more information about your diagnoses, medications, and other important information:

 back strain: care instructions headache: care instructions

neck strain: care instructions

Patient's Signature

Date

Nurse's Signature

Date

Flowsheet Measurements

Flowsheet Screening

VASQUEZ 122 cv-00159-H Document 1-363 Filed 10/24/22 Page 120 of 144 PageID 130 page 10/29 Flowsheet ADL Flowsheet ADLs Flowsheet Airways Flowsheet Assessments Flowsheet Drains Flowsheet Head to Toe Flowsheet Intake & Output Flowsheet Lines Flowsheet Restraints Flowsheet Tubes Flowsheet Vitals 20:57, 10-23-2021 CDT Main Vitals Temperature 98.5 F. oral Heart rate 93 bpm, regular, pulse oximeter, normal sinus Blood pressure 110 mmHg, 87 mmHg, 95 mmHg, adult, automatic, upper arm - left, sitting Respiratory rate 18 breaths per minute Oxygen saturation 99 %, room air Pain level 7, numeric Pain location back of the neck, back of head, lower back pain, and bilateral thighs Height 4 ft 11 in, measured Weight 155 lbs 2 oz, standing scale BMI 31.331 RSA 1.711 23:18, 10-23-2021 CDT Main Vitals Temperature 98.2 F, oral Heart rate 82 bpm, regular, cardiac monitor Blood pressure 113 mmHg, 72 mmHg, 86 mmHg, adult - large, automatic, upper arm - left, sitting Respiratory rate 20 breaths per minute Oxygen saturation 99 %, 21 %, room air Pain level 6. numeric Pain location low back, neck, headache Flowsheet Wounds

Imaging Results

CT AGASE 1:22-cv-00159-H Document 1:38 Filed 10/24/22 Page 121 of 144 PageID 131 Page 11/29

Result date	10/23/2021 21:52
Abnormal flag	unknown
Status	Final
Ordering provides	Physician Physician
Associated order	CT Abdomen & Pelvis W Dye[74177]

Observation	Interpretation
	The the abbrech and polyte with contrast. Illilithindings: [Releasily acquired of amages with our sized included the abdrech and polyte with contrast. Reference were abstract to 7 planes. You at 1765.26. 85 or of Comparisons More. [ICLINICAL INDICATION MAY, print[ICLINICAL INDICATION M

VASQUEZ AM Case 1:22-cv-001590H6 Decument 1-383Filed 10/24/22 Page 122 of 144 PageID 132age 12/29

Result date	10/23/2021 21:52
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Chest w/Dye(71260)

Observation	Interpretation
	OF at the object with contrast iffilifications [[Door contrast belief amount were obtained in I planes, Total DEP to 1765, is. It is of decigooper TOH were obtained in I planes, Total DEP to 1765, is. It is of decigooper TOH were point of interest introduction of the property of the contrast in the interest in the period of any appears recommended of the acts is need. He whose addresself is need to recommend the period of the property of the contrast in the period and are partially as presentatively presentatin

VASQUEZ ANA-cv-00159-H⁵ Document 1-383 Filed 10/24/22 Page 123 of 144 PageID 133 ge 13/29

Result date	10/23/2021 21:35
Abnormal flag	unknown
Status	Firsal.
Ordering provider	Physician Physician
Associated order	CT Cervical Spine Wo/Dye(72125)

Observation Interpretation

Of of the garrical spine without contrast. Hills Fredinger (Jawa) amove obtained through the servical opine without contrast, Reference were obtained. Total DEP to 02%, NV. Of was performed observing Alaka crimciples. [Climical indications MVC, pain. [Ulight reserval of the forest of the spine to seek. Height of vertebrae and disc spaces are maintained to definite fracture is pech. [Stephen likewise] const in intert. On arthritis changes are need. (150% indicate greatly operated by definite of architist changes are need. (150% indicated profits that should be obtained for greater sensitivity.

FIRETHORICALLE CICAGO DE MATHUR CHANG OF 13/21/2321 21:37:63

VASQUEZ 1.22-cv-00159-FP Document/1983 Filed 10/24/22 Page 124 of 144 PageID 134 CT Head/Brain Wo/Dye(70450)

flexult date	10/23/2021 21:33
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Associated order	CT Head/Brain Wo/Dye(70450)

Observation	Interpretation
	The first bead without contrast. (ITenforqueritRultiple serial periods were obtained from the ment base on the vertex. Reforment in 2 plants were obtained. Of was performed absorbing ALAMA principles: (IThe constitution in 927, 95.) (Indepartment Home, (IC)) thread understood the derive, and a contract of the contract of the contract of the contract of a contract of the contract of a contrac

VASQUEZ ANA (id #256686 dob: 08/01/11/883 Filed 10/24/22 Page 125 of 144 PageID 135 age 15/29 Medication Administration Record

Medication Administration Record for 10-23-2021

Exported at 10-26-2021 19:15 by mgreene73

There are no active medications for this patient for the selected time range.

Nursing Tasks

Nursing Tasks - 10/23/2021

Respiratory Tasks

Respiratory Tasks - 10/23/2021

Therapy Tasks

Therapy Tasks - 10/23/2021

Shift Notes

Date: 10/23/2021 21:59

Nursing Assessment

2110-Updated patient on plan of care , to include initiating IV access and drawing labs. Patient verbalized understanding of plan. LVN explained procedure for inserting IV. All of patients questions answered prior to IV insertion. All supplied gathered at bedside. Confirmed that patient has no limb restrictions. Identified vein for IV insertion. Applied tourniquet. Inserted 20 g IV into right AC. Blood return verified, labs drawn for CBC, BMP, CMP, 10 ml saline flush per protocol. IV flushed w/o resistance. Secured IV w/ plastic tape and IV dressing. Patient tolerated

ED Provider Assessment

Date: 10/23/2021 20:57

First Contact with Patient

20:52, 10-23-2021

Chief Complaint

MVA

Precautions

None recorded.

Pt is a 38 yo female sp mvc today. Pt was a restrained driver in an MVC this morning, was driving in a parking lot when a car tucked into the side of her car. She reports having immediate diffuse pain. Pain worse in the head, posterior aspect of the neck, upper back, lower back, bilateral lower quadrants. No numbriess or weakness but the back pain radiates around to the bilateral hips, no nausea or vomiting, no other associated symptoms.

Problems

No known problems

None Recorded Allergies

NKDA

Surgical History

right wrist surgery

Social History

Diet and Exercise

What type of diet are you following?: Regular What is your exercise level?: Occasional

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you blind or do you have difficulty seeing? No

Are you deaf or do you have serious difficulty hearing? . No

Do you have difficulty concentrating, remembering or making decisions? No Do you have difficulty walking or climbing stairs? No

Do you have difficulty dressing or bathing?: No Do you have difficulty doing errands alone? No

Which of your hands is dominant? Right

Public Health and Travel

Have you been to an area known to be high risk for COVID-19?. No

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No

Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What is your level of alcohol consumption?: None Do you use any illicit or recreational drugs?: No What is your level of caffeine consumption?: None

Marriage and Sexuality

What is your relationship status?: Marrind

Are you sexually active?: Yes

Do you use protection during sex? No

Home and Environment

Have there been any changes to your family or social situation? No

What type of child care do you use?: None

Do you have any pets?: No Do you have smoke and carbon monoxide detectors in your home?: No

Are you passively exposed to smoke?: No Are there any guns present in your home?: No

What is the fluoride status of your home?: Non-fluoridated

Do you use insect repellent routinely?: No

Do you use sunscreen routinely?: No

Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Not at all

Do you wear a belmet when biking?: No

Do you use your seat belt or car seat routinely?. No

COVID 19 Vaccine

Has the patient completed the COVID-19 vaccine series? If yes, please note date series was completed. No

Has the patient received the COVID-19 Vaccine?: No

Does the patient wish to receive the COVID-19 vaccine prior to discharge?: No

Inpatient - Always Shown VTE SCREENING COMPLETE: NO Gender Identity and LGBTO Identity

First name used: ANA

Family History

Father No current problems or disability Mother - No current problems or disability

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 38-year-old female.

Head: Head: normocephalic and atraumatic.

Case 1:22-cv-00159-H Document 1 98 Filed 10/24/22 Page 127 of 144 PageID 137 age 17/29

Eyes: Lids and Conjunctivae: conjunctiva clear left and right, no pallor left eye or right eye, no ptosis left eye or right eye, and non-injected left eye and non-inject right eye. Extraocular Movement: intact left eye and right eye. Lens: clear left eye. Sclerae: non-icteric: . Vision: peripheral vision grossly intact.

ENMT: Ears: no lesions on external left ear or external right ear, left external auditory canal clear and tympanic membrane clear, and right external auditory canal clear and tympanic membrane clear. Nose: no lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent. Oropharynic no erythema or exudates and moist mucous membranes and tonsils not enlarged.

Respiratory: Respiratory effort: unlabored respirations and no use of accessory muscles. Percussion: no dullness. flatness, or hyperresonance. RUL Auscultation: breath sounds normal and good air movement. RLL Auscultation: breath sounds normal and good air movement. LUL Auscultation: breath sounds normal and good air movement. LUL Auscultation: breath sounds normal and good air movement.

Gastrointestinal: Inspection and Palpation: LUO soft, non-distended, and no tenderness, LLQ soft and non-distended, RUQ soft, non-distended, and no tenderness; RLQ soft and non-distended; and LLQ tenderness and RLQ tenderness.

Musculoskeletale Gait and Station, normal gait. Joints, Bones, and Muscles: normal movement of all extremities and no contractures; moderate ttp over the lower cervical paraspinal muscles bilaterally, moderate ttp over the mid thoracic paraspinal muscles, and moderate ttp over diffusely over the lumbar spine. Mild ttp over the lateral aspect of the bilateral hips. No other ttp over the extremities, intact sensation and strength and pulses in all 4 ext.

Neurologic: Orientation: oriented to person, place, time and situation. Cranial Nerves: 2-12 grossly intact. Motor Strength and Tone: normal tone. Sensation: grossly intact; intact sensation to light touch and position sense in all 4

Vitals

Oxygen saturation	99 % room air	10-23-2021	99 % - 99 %
Height	à ft 11 in (149.86 cm)	20:57 10-23-2021 20:57	4 ft 11 in (149.86 cm) - 4 ft 11 in (149.86
EME	31.331	10-23-2021 20:57	cm) 31.331 - 31.331
Weight	155 lbs 2 oz (70.36 kg)	10-23-2021	155 lbs 2 oz (70.36 kg) - 155 lbs 2 oz (70.36 kg)
Respiratory rate	18	10-23-2021 20:57	18 - 18
Blood pressure	110 / 87 (95) sitting upper arm - left adult	10-23-2021	110/87 - 110/87
Heart rate	93 bpm regular pulse oximeter	10-23-2021 20:57	93 bpm - 93 bpm
Temperature	98.6 °F oral (37 C)	10-23-2021 20:57	98.6 °F (37 C) - 98.6 °F (37 C)
Pain level	7 numeric	10-23-2021 20-57	7-7
and a finish of			

Intake

0.0mt

Output

Jim0.0

Net Balance

More recent vital readings have been recorded Results

VASQUEZ ANA (id #266685, dob. 08/01/138 Filed 10/24/22 Page 128 of 144 PageID 138 Page 19/29

Result date	10/23/2021 21:52			
Atmormal riag	unknown			
Status	Final			
Cledening provider	Physician Physician			
Anson saterd under	CT Chest w/Dye(71260)			

Observation	interpretation
	The of the chart with continuitalititivantings; poses contract be post image over a table of complete chart described and plane. For a Cart of the tale of the contract of the

VASQUEZ ANA Case 1:22-cv-00159-H⁶ Document 1-983Filed 10/24/22 Page 129 of 144 PageID 139 age 21/29

Result date	10/25/2021 21:52
Abnormal flag	unknown
Status	Final
Ordering provider	Physician Physician
Assonisted order	CT Abdomon & Pelvis W Dye(74177)

Observation	Interpretation
	The of the electrons and priving with continue. [1] [Irrandings: [Smaller by engaged to images seep and street of the electrons and priving with continue. Information were obtained to a planer. Then so, a freeze of the electrons been injected in tentral perfection absorbed grant priving perfect absorbed grant in the first priving perfect absorbed grant in the first priving perfect the priving perfect the perfect of the electron of the el

Result date	30/23/2021 21:35
Absormal flag.	unknown
Statics	Final
Griffering provides	Physician Physician
Assuciated order	CT Cervical Spine Wo/Dye(72125)

Observation	Interpretation
	If of the imprivat spins without configurations, [111] is nonlinear [1] and [1] images as a most energy for hear an expression without configuration of the configuration of the configuration of the option of the spins of the spins of the option of the spins of the spin of th

VASQUEZ ANA (id #266686 dob 08/01/198 Filed 10/24/22 Page 131 of 144 PageID 141 Page 25/29

Result date					
A Committee of the Park of the Committee	10/23/2021 21:33				
Abnormal flag	unknown				
Status	Final				
Ordering provider	Physician Physician				
Associated order	CT Head/Brain Wo/Dye(70458)				

Observation	Interpretation
	THE COME Design and Althous consists of Japaness and Althous Spin and Alth

VASQUEZ ANA Case 1:22-cv-00159-H Document 193 Filed 10/24/22 Page 132 of 144 PageID 142ge 26/29

ED Course

Discussed with pt, no obvious serious injuries seen by radiology on cts and xrays. Also discussed limitations on sensitivity of these imaging techniques and that some serious injuries may be missed. She may need an MRI as an outpt, and to f/u with spine, ortho, and trauma team without fail. Pt acknowledged all of these things and agreed with

Medical Decision Making

None recorded

Diagnoses

- * strain of back muscle Orset: 10/23/2021
- strain of neck muscle Onset: 10/23/2021
 vehicle accident Onset: 10/23/2021
- headache Onset: 10/23/2021

maked by JPSERY (UNKERT MI) 2017, 16-23 2021

Support by A.S. on Belline 1 May 1912 11 14 207

VASCUEZ 1.22-ov-00139-FF Document/1-83 Filed 10/24/22 Page 133 of 144 PageID 143 ge 27/29

MVA

Acuity

4 (Semi-Urgent)

Home Medications

None Recorded Allergies

NKDA

Nursing Assessment

spanish interpreter used for RN nursing assessments, patient complained of MVA on 10/23/21 around 12 noon. Patient rates pain 7/10. Patient complained pain at back of the head, back of the neck, lower back pain. Bilateral thigh pain that radiates to the knees. Patient denies feeling unconscious during the accident. Patient is alort and oriented X4, on room air. VSS, IV catheter in place and patient tolerated. Labs drawn and Xrays obtained. Patient states having hysterectomy about 4 year ago Safety maintained. No apparent distress. Spouse at bedside. Continue to monitor.

ED Nursing Initial Assessment Notes

Date: 10/23/2021 21:05 Nursing Assessment

ED Initial Nursing Assessment

Have you been physically hurt or threatened by someone close? no

Suicidal/Homicidal Thoughts no homicidal thoughts; no suicidal thoughts

Safety: remind to call for help to get up; call light within reach; bed locked and in low position; side rails up x 2; non-skid slippers on; ID band in place; ID band verified; head of bed elevated; blanket provided

Mode of arrival: ambulated

Accompanied by: spouse

Treatment prior to arrival: none Patient's condition condition:stable

Patient Denies: fever, feeling ill; fatigue; chills

Vaccine status: tetanus (enter date if known); within 5 yrs

Behavioral History tobacco use denies, alcohol use denies, illicit drug us denies

Code Status Code Status Full Code; Living Will No

Grips: equal bilaterally

Facial symmetry: appears normal; tongue midline

Babinski: negative

Pupils: Left Eye Dilated: left pupil size mm; left pupil round and reactive to light; Undilated: left pupil size mm Pupils: Right Eye Dilated: right pupil size mm; right pupil round and reactive to light; Undilated: right pupil size

Patient denies: weakness; blurred vision; dizziness; difficulty swallowing, paresthesias; reunbness; headache, photophobia, diplopia

ENT Assessment no deficits noted

Vision Assessment (normal) distance acuity: left, uncorrected: 20/: less than 20/200; (normal) distance acuity: right, uncorrected: 20/: less than 20/200

Patient Denies: blurred vision; decreased hearing; difficulty swallowing; nasal congestion; nasal discharge; pain; photophobia; ringing

eyes clear; no discharge; no itching

ears clear, hearing intact

nose nares patent

mouth/throat no throat redness, swelling

Trachea midline

Crepitus absent

Flail chest absent Shortness of breath none

Cough none

Air hunger none

Labored breathing none

Pain with respiration none

Pain with movement none

Patient denies cough; shortness of breath; labored breathing; pain with respiration, pain with cough; pain with

respiratory Rt.L.: clear; Rt.L.: clear; Lt.L.: clear; Lt.L.: clear

cardiovascular capillary refill less than or equal to 3 seconds, pulse regular rate, pulse regular rhythm, peripheral pulses palpable (PPP); skin warm and dry

JVD absent Bruits absent Cardiac rub absent Murmur absent edema absent

Chest Pain - Severity none

Gastrointestinal Assessment no deficits noted

Bruits absent Soft soft; x 4 quads

Non-Tender non-tender; x 4 quads

Patient Reports normal bowel habits, tolerance of foods; tolerance of fluids

Patient Denies anorexis; bloating; constipution; cramping; diarrhea; epigastric pain; flatulence, gaseousness, hemorrhoids; incontinence; indigestion; intolerance of fluids; intolerance of food; nausea; pain, vomiting gastrointestinal bowel sounds normoactive x 4 quads

No deficits noted: no deficits noted

Genitalia normal appearance

Last void date; time; UA obtained in ED for HCG and Micro

Core assessment: WNL- no abnormal blending, no pain; normal bloody show

Patient Reports: Weakness: none

Patient Reports: Numbness in: left: ; right: ; bilateral: thighs

Patient Reports: Pain in: Pain scale: 7; duration: 1200; pain back of the neck, back of head, and lower back and

integumentary no bruising; skin appropriate color for race; skin intact; skin warm and dry

Pain radiating: notes: ; thighs to the knees

Onset, other: 11 to 12 noon **Duration**: intermittent

Observed behaviors: other: relaxed

Associated symptoms: none

Current Management: Xrays ordere, lab drawn, urinalysis

Unable to use pain scale: other: N/A

Problems

No known problems

Surgical History

right wrist surgery

Home Medications

None Recorded Allergies

NKDA

Vaccines

tetanus <5 years

Family History

Father Mother

 No current problems or disability No current problems or disability

Social History

Diet and Exercise

What type of diet are you following? Regular What is your exercise level?: Occasional

Activities of Daily Living

Are you able to care for yourself?: Yes Are you blind or do you have difficulty seeing?: No Are you deaf or do you have serious difficulty hearing? : No

Do you have difficulty concentrating, remembering or making decisions?: No

Do you have difficulty walking or climbing stairs?: No Do you have difficulty dressing or bathing?: No

Do you have difficulty doing errands alone? No

Which of your hands is dominant?: Right

Public Health and Travel

Have you been to an area known to be high risk for COVID-19?: No

in the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that

Do you reside in or have you traveled to an area where Ebola virus transmission is active? No

VASQUEZ ANA COUNTY PRODUCTION OF PRODUCTION

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What is your level of alcohol consumption?: None Do you use any illicit or recreational drugs?: No What is your level of caffeine consumption?: None

Marriage and Sexuality
What is your relationship status?: Married

Are you sexually active? Yes

Do you use protection during sex?: No

Home and Environment

Have there been any changes to your family or social situation?: No

What type of child care do you use?: None

Do you have any pets?: No

Do you have smoke and carbon monoxide detectors in your home?: No

Are you passively exposed to smoke?: No

Are there any guns present in your home?: No What is the fluoride status of your home?: Non-fluoridated

Do you use insect repellent routinely?: No Do you use sunscreen routinely?: No

Lifestyle

Do you feel stressed [tense, restless, nervous, or anxious, or unable to sleep at night]?: Not at all

Do you wear a helmet when biking?: No

Do you use your seat belt or car seat routinely?: No

COVID 29 Vaccine

Has the patient completed the COVID-19 vaccine series? If yes, please note date series was completed.: No

Has the patient received the COVID-19 Vaccine?: No

Does the patient wish to receive the COVID-19 vaccine prior to discharge?: No

Inpatient - Always Shown VTE SCREENING COMPLETE: No Gender Identity and LGBTQ Identity

Cusated by Angula Res 71-05 10-71-7071

activities American of the 10 of 1-2001.

MEDICAL RECORDS AFFIDAVIT
THE STATE OF TEXAS
COUNTY OF DALLAS
RECORDS PERTAINING TO: Ana E. Vasquez
Date of Birth: 8/01/1983
Dates of Service: 11/23/2021
 I am the custodian of the records, or I am an employee or owner of <u>2020 X Ray & Imaging</u> and am familiar with the manner in which its records are created and maintained by virtue of r duties and responsibilities.
2. Attached are <u>3</u> pages of records. These are the original records or exact duplicates of the original records.
3. The records were made at or near the time of each act, event, condition, opinion, or diagnos set forth.
4. The records were made by, or from information transmitted by, persons with knowledge of matters set forth.
5. The records were kept in the course of regularly conducted business activity,
AFFIANT Signature:
SWORN TO AND SUBSCRIBED before me, the undersigned authority, on the 4th
day of March, 2022.
Dayana Alvarez My Commission Expires 12/122/2/2024 ID No. 132836332 Notary Public in and for the State of Texas

My commission Expires: 12/22/2024

AFFIDAVIT CONCERNING COST AND NECESSITY OF MEDICAL SERVICES PER §18.001 of the CIVIL PRACTICE AND REMEDIES CODE

THE STATE OF TEXAS

COUNTY OF __DALLAS

RECORDS PERTAINING TO:

Ana E. Vasquez

Date of Birth: 8/01/1983

Dates of Service: 11 / 23 / 2021

BEFORE ME, the undersigned authority personally appeared **Mohammad Heidari** who, being by me duly sworn, and deposed as follows:

My name is **Mohammad Heidari**. I am of sound mind and capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the person who provided the service or the custodian of records for 2020 X Ray & Imaging. Attached to this affidavit are records that provide an itemized statement of the service and the charge for the service that 2020 X Ray & Imaging provided to the patient on the dates of service referenced above. The attached records are a part of this affidavit.

The attached records are kept by 2020 X Ray & Imaging in the regular course of business, and it was the regular course of business of 2020 X Ray & Imaging y for an employee or representative of 2020 X Ray & Imaging, with knowledge of the service provided, to make the record or to transmit information to be included in the record. The records were made in the regular course of business at or near the time or reasonably soon after the time the service was provided. The records are the original or a duplicate of the original.

The services provided were necessary and the amount charged for the services was reasonable at the time and place that the service was provided.

The total amount paid for the services was \$_0.00_\ and the amount currently unpaid but which 2020 X Ray & Imaging has a right to be paid after any adjustments or credits is \$870.00.

AFFIANT Signature:

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on the 4th

day of March, 2022.

Dayana Alvarez
My Commission Expires
12/22/2024
DE ID No. 132838332

Notary Public in and for the State of Texas

My commission Expires: 12/22/2024

3201 West Airport Freeway, Ste. 104

IRVING, TX 75062 Phone: 972-252-7246

Fax: 972-252-7242

2020 X-Ray & Imaging

3201 West Airport Freeway, Ste 104 Irving, TX 75062 P: (972) 252-7246 F: (972) 252-7242

ACKNOWLEDGMENT

STATE OF TEXAS		
COUNTY OF <u>Dallas</u>		
	aims Assignment/Joint Check Agreemended before on this 23 day of N	nt, attached hereto and incorporated by been been, 2021 by Patient/ Parent/ Guardian
Printed Name	Signature	Relationship
SWORN AND SUBSCI NOVEMBER , 20 2	Dayena Alvarez My Commission Expires 12/12/2/2024 ID No. 132836332	med Notary Public, on this 23 day of

My Commission Expires: _

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 139 of 144 PageID 149

3201 West Airport Freway Ste 104 Irving, TX 75062 Phone: 972-252-7246 Fax: 972-252-7242

Superbill

Superbill Date: 03/04/2022

Service

11/23/2021 thru 11/23/2021

Patient Information

Payor Information

Ana Vasquez

5845 Rancho Dr Quinland, TX 75474

4590

Insurance Phone:

Account: Date of birth:

8/1/1983

Insured ID:

Employer:

Prestonwood Landscape

Insurance Policy Group:

Insurance Plan Name:

Dx: (M54.12) Radiculopathy, cervical reg, (M54.16) Radiculopathy, lumbar reg, (M62.838) Other muscle spasm, (M60.9) Myositis, unspecified, (S43.409A) Unspecified sprain of unspecified shoulder joint, initial encounter, (S83.90XA) Sprain of unspecified site of unspecified knee, initial encounter, (S13.4XXA) Sprain of cervical ligts, initi., (S23.3XXA) Sprain of ligts of thoracic spine, (S33.5XXA) Sprain of lumbar ligts, initial, (S33.8XXA) Sprain of other parts of lumbar/pelvis, (R51) Headache

Date	Type	Code	Mod	Units	Description	Date of injury	POS	Tax	Amount
11/23/2021	CSV	72050		1	Cervical Spine - 5 Views 72050	10/23/2021	11	0.00	360.00
11/23/2021	CSV	72070		1	Thoracic - AP/Lat. 72070	10/23/2021	11	0.00	250.00
11/23/2021	CSV	72100		1	Lumbosacral - AP/Lat. 72100	10/23/2021	11	0.00	260.00
Provider						Total C	harges		\$870.00
Name:	U	chenna Ob	iuku, D.C.			Tota	I Taxes		\$0.00

License:

13456

License

04 5000 400

Tax ID; NPI: 84-5062488 1275067472

Printed:

3/4/2022 11:23:42 AM

Page 1 Of 1

Total

\$870.00

Case 1:22-cv-00159-H Document 1-3 Filed 10/24/22 Page 140 of 144 PageID 150 RADIOLOGY CONSULTANTS – NORTH TEXAS

5424 Rufe Snow Drive, Suite 502 North Richland Hills, Texas 76180 Voice - 817. 572-2560 Fax - 817. 572-2870

PATIENT: Vasquez, Ana

DATE: 12/02/21

DOCTOR: Dr. Mo Heidari

DOB/AGE: 08/01/83

DATE OF FILMS: 11/23/21

1003/a) COMPLAINT: Neck and back pain

Radiographic Report

Cervical spine (5 views):

No evidence of acute fracture, dislocation or vertebral body compression. The overall bony mineralization is adequate. The intervertebral disc spaces are maintained and the facet joints are unremarkable. The prevertebral soft tissue spaces and atlantodental interval (ADI) are within normal limits.

Thoracic spine (2 views):

No evidence of acute bony injury or vertebral body compression. The intervertebral disc spaces are maintained. The pedicles are intact without osteolytic destruction or congenital absence. The paraspinal soft tissues are unremarkable.

Lumbosacral spine (2 views):

No evidence of acute fracture, vertebral body compression or spondylolisthesis. The pedicles are intact without osteolytic destruction or congenital absence. The overall bony mineralization is adequate. The intervertebral disc spaces are maintained and the facet joints are unremarkable. The sacroiliac joints are maintained without arthropathy. There is excessive bowel gas within the colon without evidence of bowel obstruction.

IMPRESSION:

Necvidence of acute fracture or osseous pathology involving the cervical, thoracic or lumbar spine.

2. MRI should be considered if clinical symptoms persist after conservative therapy.

Postural/biomechanical alterations:

- 1. Pelvic unleveling, low on the right.
- 2. Shallow right thoracolumbar convexity suggestive of paravertebral muscle spasm.
- 3. Reduction in the overall thoracic kyphosis.
- Shallow right thoracic convexity apexing at T2-T3.
- Left lateral list of the cervical spine suggestive of paravertebral muscle spasm.

Abnormal straightening of the cervical spine with an early tendency towards reversal.

Abnormal straightening of the cervical spine with an early tendency towards to the Moderate-severe restriction during cervical flexion with a moderate decrease in extension.

Darrell R. Hobson DC, DACBR ****electronically signed**** drh

AFFIDAVIT OF MEDICAL RECORDS	_
RE: ANA VASQUEZ	
BEFORE ME, the undersigned authority, personally appeared AILXIO ESPONO	
who, being by me duly sworn, deposed as follows:	
"My name is ALXIA ESPANA, I am of sound mind, capable of making the	his
affidavit, and personally acquainted with the facts herein stated:	
I am the custodian of the records for RADIOLOGY CONSULTANTS- NORTH TEXA	AS
Attached hereto are pages of records from RADIOLOGY CONSULTANTS- NORT	Ή
TEXAS These pages of records are kept by RADIOLOGY CONSULTANTS- NORT	н
TEXAS in the regular course of business, and it was the regular course of business	
RADIOLOGY CONSULTANTS- NORTH TEXAS for an employee or representative	
RADIOLOGY CONSULTANTS- NORTH TEXAS with knowledge of the act, ever	
condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof	
be included in such record; and the record was made at or near the time or reasonably soo	
thereafter. The records attached hereto are the original or exact duplicates of the original."	m
SWORN TO AND SUBSCRIBED before me on this the day of day of Public, State of Texas Notary ID #132545414 My Commission Expires June 30, 2024 JUAN 17 TORRES Notary 10 #132545414 My Commission Expires June 30, 2024	in es
Notary's Printed Name	5.5
My Commission Expires: 430/202	大

AFFIDAVIT ESTABLISHING NECESSITY AND REASONABLENESS OF SERVICES AND CHARGES

Before me, the undersigned authority, personally appeared Allxia Fee	CIOKuho heing
by me duly swom, deposed as follows:	DI MAIO, OCHIE
"My name is AUXIA Espana I am of sound mind	and
making this affidavit.	and capable of
I am the person in charge of the records of RADIOLOGY CONSULTA	NTS- NORTH
TEXAS Attached to this affidavit are records that provide an itemized statement of	ANA VASOURZ
on or after 10 00 2001 The attached records an	
Affidavit.	a part of this
The attached records are kept by me regular course of business. The inform	ation contained
in the records was transmitted to me in the regular course of business by the person	Luka provided
the service or an employee or representative of RADIOLOGY CONSULTAN	TS_ NORTH
TEXAS who had personal knowledge of the information. The records were made	ot as as d
time or reasonably soon after the time that the service was provided. The records a	at or near the
or an exact duplicate of the original.	ue me originai
The services provided were necessary and the amount charged for th	1) 2 - 2000 (1000 1000 (100) (1000 (1000 (100) (1000 (1000 (1000 (100) (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100)
reasonable at the time and place that the services were provided.	e service was
The total amount and 6 at	201 1
inpaid but which RADIOLOGY CONSULTANTS- NORTH TEXAS has a ri	ount currently
after any adjustments or credits is \$ 540.50	ght to be paid
Alexado	Lopas
Affiant	
SWORN TO AND SUBSCRIBED before me on this the day of MOW	, 2022.
1 1 monto	
Notary Public, State of Texas	au la
The standard back of the stand	
\ \ \	
JUANITA TORRES JUANITA TORRES JUANITA	lorres
	10//es

Radiology Consultants-North Texas, PLLC

5424 Rufe Snow #502 North Richland Hills, TX 76180 +1 8175722560

INVOICE

INVOICE # R15905 DATE 12/06/2021

BILL TO KINDER LAW 3701 W NORTHWEST HWY SUITE 304 DALLAS, TEXAS 75220

SHIP TO KINDER LAW 3701 W NORTHWEST HWY SUITE 304 DALLAS, TEXAS 75220

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

RE:		DOB:		DOI:		
VASQUEZ, A	ANA	08/01/1983		10/23/2021		
DATE	ACTIVITY				QTY	AMOUNT
12/02/2021	72050-26 SPINE, CERVICA	L; 4-5 VIEWS (C4, C5)			1	216.70
12/02/2021	72070-26 SPINE, THORACI	C, 2 VIEWS (T2)			. 1	162.40
12/02/2021	72100-26 SPINE, LUMBOS	ACRAL; 2 OR 3 VIEWS (L2)			1	167.40
			SUBTOTAL		***********	546.50
REF DR:MO HEIDARI			CATANTA TANDA MANANA			0.00
			TAX			
			TOTAL			546.50
			BALANCE DUE		9	546.50

PROVIDER: DARRELL R. HOBSON DC, DACBR FEDERAL TAX ID#: 81-2975347 NPI#: 1609311463

RADIOLOGY CONSULTANTS – NORTH TEXAS

5424 Rufe Snow Drive, Suite 502 North Richland Hills, Texas 76180 Voice - 817, 572-2560 Fax - 817, 572-2870

PATIENT: Vasquez, Ana

DATE: 12/02/21

DOCTOR: Dr. Mo Heidari

DOB/AGE: 08/01/83

DATE OF FILMS: 11/23/21

COMPLAINT: Neck and back pain

Radiographic Report

Cervical spine (5 views):

No evidence of acute fracture, dislocation or vertebral body compression. The overall bony mineralization is adequate. The intervertebral disc spaces are maintained and the facet joints are unremarkable. The prevertebral soft tissue spaces and atlantodental interval (ADI) are within normal limits.

Thoracic spine (2 views):

No evidence of acute bony injury or vertebral body compression. The intervertebral disc spaces are maintained. The pedicles are intact without osteolytic destruction or congenital absence. The paraspinal soft tissues are unremarkable.

Lumbosacral spine (2 views):

No evidence of acute fracture, vertebral body compression or spondylolisthesis. The pedicles are intact without osteolytic destruction or congenital absence. The overall bony mineralization is adequate. The intervertebral disc spaces are maintained and the facet joints are unremarkable. The sacroiliac joints are maintained without arthropathy. There is excessive bowel gas within the colon without evidence of bowel obstruction.

IMPRESSION:

- 1. No evidence of acute fracture or osseous pathology involving the cervical, thoracic or lumbar spine.
- 2. MRI should be considered if clinical symptoms persist after conservative therapy.

Postural/biomechanical alterations:

- 1. Pelvic unleveling, low on the right.
- 2. Shallow right thoracolumbar convexity suggestive of paravertebral muscle spasm.
- 3. Reduction in the overall thoracic kyphosis.
- 4. Shallow right thoracic convexity apexing at T2-T3.
- 5. Left lateral list of the cervical spine suggestive of paravertebral muscle spasm.
- 6. Abnormal straightening of the cervical spine with an early tendency towards reversal.
- 7. Moderate-severe restriction during cervical flexion with a moderate decrease in extension.

Darrell R. Hobson DC, DACBR
****electronically signed****
drh